

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000581973)))



H220000581973ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Account Number : I20200000165 Phone : (863)421-0617 Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **U-TURN LOGISTICS,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

## **COVER LETTER**

	Registration Se Division of Cor			
Club IV.C		U-TURN I	LOGISTICS,LLC	
ZORTEC		Name of Lim	ited Liability Company	
The encid	osed Articles of .	Amendment and fee(s) are sub-	mitted for filling.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
			ISRAEL TORRES MATOS	
			Name of Person	<del></del>
		U	TURN LOGISTICS,LLC	
			Firm/Company	
		39873 1	IIGHWAY <b>27 S</b> UITE 303	
			Address	
			DAVENPORT, FL 33837	
			City/State and Zip Code	<del></del>
			uturnrelay@gmail.com	
		E-mail address: (	to be used for future annual report h	ot/fication)
For furth	er information c	oncerning this matter, please of	all:	
ISRAEL	. TORRES MAT	os	407 301 7979	
	Name o	f Person	at ()	ime Telephone Number
Enclosed	i is a check for th	ne following amount:		
麗 \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration	Section	Street Address: Registration S	Section
	Division of C P.O. Box 632		Division of C The Centre o	
	Tallahassee			roc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U-TURN LOGISTICS,LLC		
(Name of the Limited A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	01/31/2020	and assigned
Florida document numberL20000038312	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company ho	er <u>e</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	)X)		
B. If amending the registered agent and/or regi	stered office address on our re	ecords, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address h	<u>tere</u> :	·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	Cin:	, Florida _	Zin Code
New Registered Agent's Signature, if changing Reg	,		Dip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LUIS ADOLFO CHACON	22 HERRING CT	<b>≡</b> Add
		KISSIMMEE, FL 34759	□Remove
			□Chango
			□Add
			□Remove
			□ Change
<del></del>			□Add
			©Remove
			Change
		<u>.</u>	□Add
	******		☐ Remove
		<del></del>	Change
			□ Add
			🖸 Remove
			Change
			□Add
		<del></del>	□Remove
			□ Change

				**	
					<del></del>
	•				
	·	<del></del>	····		<del></del>
				<del></del>	
			·		====
				<del></del>	···
			_ <del></del>		
-					
			<u>-</u>		
	<u></u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
· · · · · · · · · · · · · · · · · · ·					<del></del>
fective date, if other than the d n effective date is listed, the date must b hte: If the date inserted in this blue cument's effective date on the Dep	c does not meet th	ie applicable sta	of filing or more than autory filing requir	(optional) 90 days after filing.) Pu ements, this date wil	rruant to 605,020' I not be listed as
ecord specifies a delayed effective of is filed.	ate, but not an eff	Sective time, at	12:01 a.m. on the e	arlier of: (b) The 90	0th day after the
ted FEBRUARY 14	, 202				
in he		e or authorized e	presentative of a mer	-ha-	

Filing Fee: \$25.00