

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.

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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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U-TURN LOGISTICS,LLC Certificate of Status Certified Copy 0 VINCTIA Page Count 05 Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX FEB 2 2 2022

COVER LETTER

| TO: | Registration . Division of C | Section orporations | • | | | |
|---------------------|--|--|--|---|--|--|
| SUBJEC | Т: | Ս-ԾՆ | RN LOGISTICS, LLC | | | |
| | | Name of L | mated Liability Company | | | |
| | | f Amendment and fee(s) are stoodence concerning this matte | | | | |
| | | | ISRAEL TORRES MATOS | | | |
| | | | Name of Person | | | |
| | | | U-TURN LOGISTICS,LLC | | | |
| | Firm/Company | | | | | |
| | 39873 HIGHWAY 27 SUITE 303 | | | | | |
| | | | Address | | | |
| | | DAVENPORT, FL 33837 | | | | |
| | | utumrelay@gmail.com | City/State and Zip Code | | | |
| For further | information o | oncerning this matter, please of | to be used for future annual report notification | on) | | |
| ISRAEL TORRES MATOS | | | 407 301 7979 | | | |
| Name of Person | | f Person | at () | phone Number | | |
| Enclosed is | a check for th | ne following amount: | | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Re | ailing Address gistration S vision of Co | Section | Street Address: Registration Section Division of Corporat | | | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| U-TURN LOGISTICS, LLC | | | |
|--|--|--------------|------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company were filed on | | _ and a | ssigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or | the abbreu | riazion "I | |
| Enter new principal offices address, if applicable: | THE 200161 | 18(10)(1 | r. L.l |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | ······································ | · <u>-</u> - | |
| | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here: | name of | the ne | v register |
| MOGILES INCIC. | | | |
| Name of New Registered Agent: | • | 22 | |
| New Registered Office Address: | | | |
| Enter Florida street address | | (33) | F |
| | • | | [1] |
| —————————————————————————————————————— | | T) | |
| lew Registered Agent's Signature, if changing Registered Agent; | | p Cöde ယု | |
| hereby accept the appointment as registered agent and agree to partially | apree ti | 20 | la with th |
| eing filed to merely reflect a change in the registered office address. Thereby confirm the state of the confirmation of the change in the registered office address. Thereby confirm the state of the confirmation of the confirm | ım famili | iar witt | h and |
| ompany has been notified in writing of this change. | : amitea | нарин | У |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-----------------|----------------------|----------------|
| MGR | MARIA A. CHACON | 190 TRACY CT E | |
| | | HAINES CITY FL 33844 | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □ Remove |
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| (b) The 90th day after the |
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| (b) The 90th day after the |
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| o tional) fler filing.} Pursuant to 605.0207 this date will not be listed as |
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Filing Fee: \$25.00