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S. PRATHE

COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
ONE LOGI			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MA JORGELINA BEMBI	IY	
		Name of Person	
	ONE LOGISTIC LLC		
		Firm/Company	
	11471 NW 34 STREET		
		Address	
	DORAL FL 33178		
		City/State and Zip Code	
	jorgelina@hubone.group	to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please co		
MA JORGELINA BEMBHY		786 657 5701	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE LOGISTIC LLC	98 27 C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/06/2020 an existing an ex	
Florida document number 1.20000043727	Om E	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7815 NW 15 ST	
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33126	
ro. Dr. 11 G. P. 11	11200 BISCAYNE BLV APT 448	
Enter new mailing address, if applicable:	MIAMI, FL 33181	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
Hew Registered Office Address.	Enter Florida street address	
	Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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