

L20000066209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

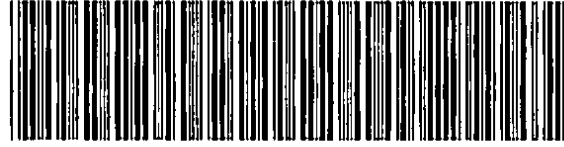
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SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR -1 PM 5:18

FILED

3/2/21



2021 FEB 18 PM 4:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2021

WILORD METELLUS
2944 SHAUGHNESSY DRIVE
WELLINGTON, FL 33414

SUBJECT: FRESH COIN, LLC
Ref. Number: L20000066209

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 621A00003698

COVER LETTER

TO: **Registration Section**
Division of Corporations

AMENDING NAME & ADDING AUTHORIZED PERSONS

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILORD METELLUS

Name of Person

Firm/Company

2944 SHAUGHNESSY DRIVE

Address

WELLINGTON, FL 33414

City/State and Zip Code

FRESHCOINLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILORD METELLUS

954

247 - 8591

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 MAR -1 PM 5:18

FRESH COIN, LLC

SECRETARY OF STATE

(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 FEBRUARY 28, 2020 and assigned
Florida document number L20000066209.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

METEL TRANSPOND LOGISTICS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2944 SHAUGHNESSY DRIVE, WELLINGTON, FL 33414

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2944 SHAUGHNESSY DRIVE, WELLINGTON, FL 33414

If amending the registered agent and/or registered office 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:

Enter Florida street address

Florida

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ENEL MARTIAL		<input type="checkbox"/> Add
		248 NW 77 AVENUE, MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Member	WILORD METELLUS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2944 SHAUGHNESSY DRIVE, WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change
Authorized Member	JOURDINE CELIN-METELLUS	2944 SHAUGHNESSY DRIVE, WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee