

L200000 85358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

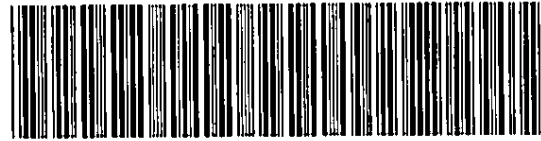
(Business Entity Name)

(Document Number)

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JUL 1 2020

ALABAMA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYNC Logistics Limited Liability Company.  
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:

Jose Canon  
Name of Person  
[Signature]  
Firm/Company  
12401 N.E. 16<sup>th</sup> Avenue #209  
Address  
NORTH MIAMI FL, 33161  
City/State and Zip Code  
SYNCLOGISTICS1@GMAIL.COM.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Canon. at (786) 860-49-59  
Name of Person 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

Sync Logistics L.L.C

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE CANON	124 01 NE 16 <sup>th</sup> Avenue	<input checked="" type="checkbox"/> Add
		Suite 209	<input type="checkbox"/> Remove
		North Miami, FL 33161	<input type="checkbox"/> Change
MGR	SUSANA TAR	12401 NE 16 <sup>th</sup> Avenue	<input type="checkbox"/> Add
		Suite 209	<input checked="" type="checkbox"/> Remove
		North Miami, FL 33161	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JOSE CANON

Typed or printed name of signee