L20000 115631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700354068947

10/30/20--01007--022 **25.00

O SIMMONS DEC 0 8 2020

COVER LETTER

TO: Registration So Division of Cor					
	TICS SERVICES LLC	i.	\$		
SUBJECT:	. Name of Lim	nted Liability Company	· · ·		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	SANEL LAPOINTE				
		Name of Person			
	LF LOGISTICS SERVICE	ES LLF			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	989 W KENNEDY BLVD	SUITE 201			
	·	Address			
	ORLANDO, FL 32810				
		City/State and Zip Code			
	LFLOGISTICSGROUP@C	MAIL.COM to be used for future annual report note	(tigation)		
For further information c	oncerning this matter, please c		,		
SANEL LAPOINTE		321 662-6477			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne 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 S		<u>Street Address:</u> Registration Se	ction		
Division of Corporations			Division of Corporations		

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

LE LOGISTICS SERVICES LLC

1.210 37 77 3:48

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fiorida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000115631</u> .	oany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company hero	P
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our rec	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
The Manager of Manager	Enter Florida street address	
		. Florida
 -	Cuv	, Florida
New Registered Agent's Signature, if changing Registered Ag-	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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>	Address	Type of Action	5: I:8
AMBR	FELIPE HENDERSON	989 W KENNEDY BLVD SUITE 201	≡ Add	
		ORLANDO FL 32810	□Remove	
			⊡ Change	
			□Add	
			□Remove	
			□ Change	
			Remove	
			Change	
			🖾 Remove	
			□Change	
···			□Add	
			□Remove	
			□Change	
			①Add	
				
			🗆 🗀 Change	

		ĵ.		J: 1, 8
		·- 		
				
			_	
			_	
				
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more th Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	(optional) an 90 days after filing uirements, this date	. i Pursuant t	o 805 020 e listed as	7 (3)(b) (the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.	e earlier of: (b) T	he 90th day	afler the	
Dated 10-26-2020 Signature of a member of plubby representative of a t	nember		_	
SANEL LAPOINTE				
Typed or printed name of signee			_	

Filing Fee: \$25.00