

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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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Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : BGCON GROUP LLC
 Account Number : I20220000126
 Phone : (786)923-8020
 Fax Number : (305)280-1696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@bgcongroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
E & E LOGISTICS AND SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 18 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E & E LOGISTICS AND SERVICES LLC
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 ALFONZO

Name of Person

BGCONGROUP LLC

Firm/Company

7801 NW 37TH ST SUITE LP108

Address

DORAL, FL, 33195

City/State and Zip Code

INFO@BGCONGROUP.COM

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

For further information concerning this matter, please call:

EDIXO PORTILLO

786 498-7819

at ()

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

FILED
2022 OCT 12 PM 1:02
TALLAHASSEE, FL

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>
MGR	LOPEZ, ERNESTO J	1715 BEAR BAY COVE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILLAN, LUCIANA C	1715 BEAR BAY COVE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2002 OCT 12 PM 1:02

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2022 OCT 12 PM 1:03

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated: OCTOBER 11ST 2022

Edmo Portillo Calmonares

Signature of a member or authorized representative of a member.

PORTILLO, EDIXO

Typed or printed name of signee

Filing Fee: \$25.00