

LZ0000118995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

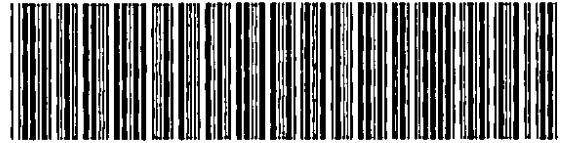
(Business Entity Name)

(Document Number)

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○ SIMMONS  
DEC 08 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABOUND LOGISTICS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

EBENEZER COLLADO  
Name of Person

ABOUND LOGISTICS LLC  
Firm Company

1001 S MACDILL AVE., STE. 600  
Address

TAMPA, FL 33629  
City State and Zip Code

EC@aBOUNDLOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EBENEZER COLLADO 813 454-1990  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ABOUND LOGISTICS LLC

11/06/2020 7:54:0

(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 05/04/2020 and assigned  
Florida document number 120000118995.

This amendment is submitted to amend the following:

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

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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: CARIBBEAN MARITIME GROUP LLC

New Registered Office Address: 7944 PELICAN REED CIR

*Enter Florida street address*

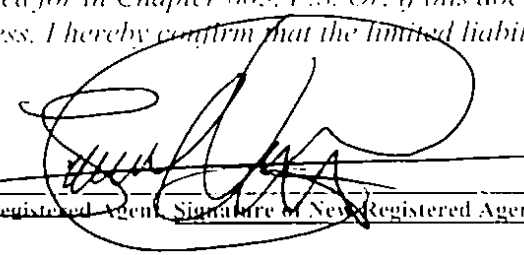
WESLEY CHAPEL, Florida 33545

*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 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	CRISTIAN DE LA ROSA	4610 N ARMENIA AVE., APT. 901	<input type="checkbox"/> Add
		TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXIS DE LA ROSA	7601 PASO DOBLES CT	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

MR. CRISTIAN DE LA ROSA WAS MISTAKENLY ADDED TO THE ENTITY. THE CORRECT PERSON  
SHOULD BE ALENIS DE LA ROSA.

10 26 2020 11:56:08


**E. Effective date, if other than the date of filing: 10/26/2020 (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 \_\_\_\_\_

  
Signature of a member or authorized representative of a member

EBENEZER COLLADO

\_\_\_\_\_  
Typed or printed name of signer