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Registration Section Division of Corporations

UBJECT:	5TH AVEN	UE LOGISȚIC, LLC					
Obsect	Name of Lim	ited Liability Company					
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
lease return all correspo	ondence concerning this matter	to the following:					
		HENRY ROSAS					
		Name of Person					
	511	I AVENUE LOGISTIC, LLC					
		Firm/Company					
	100 SI	E 3RD AVENUE 10TH FLOOR					
	Address						
	FOR	T LAUDERDALE, FL 33394					
		City/State and Zip Code					
	henry@concierge5thavenue	e.com					
	E-mail address: (to be used for future annual report notifi	cation)				
or further information c	oncerning this matter, please c	all:					
HENRY	ROSAS	ar (354) 430 a	ns 14				
Name o	Name of Person Area Code Daytime Telephone Number						
closed is a check for the	he following amount:						
■ \$25.00 Filing Fee	S30.00 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 : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Allahassee Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5TH AVENUE LOGISTIC, LLÖZZ \$11 (1) [11] 9: 4:5

(Name of the Limit	ted Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	_
he Articles of Organization for this Limited L lorida document number	iability Compar 541	ny were filed on	06/01/2020	and assigned
his amendment is submitted to amend the foll	owing:			
. If amending name, enter the new name o	f the limited lia	bility company her	<u>'e</u> :	
//A				
ne new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE				
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> . If amending the registered agent and/or to enter and/or the new registered office addre	registered offic	N/A	cords, <u>enter the nar</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:		Futar Flori	da street address	
		City	Florida	Zip Code
ew Registered Agent's Signature, if changing	Registered Agen	nt:		
hereby accept the appointment as registere	ed agent and as	gree to act in this c	apacity. I further ay	gree to comply with t

ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

impany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address [1182 118 111 9:15	Type of Action
.R	Lizet Cardozo	150 SE 12th Street, Suite 300.	= Add
		Fort Lauderdale, FL 33316	□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
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tive date, if other t	han the date e date must be sp	of filing: ecitic and can	not be prior to	o date of tilin	g or more th	an 90 da	(optio) vs after f	nal) iling.) Pursua	int to 605.02
If the date inserted ment's effective date	in this block do	es not meet	the applica	ble statutory	filing req	uiremer	its, this	date will no	t be listed
ment's enective date	on the Departi	iem of state	s records.						
ord specifies a delayed	d effective date	hot not an e	effective tin	ne at 12:01	am on the	e earliei	r of: (b)	The 90th	day after th
filed.	j checure date	, but not an t	. Heelive iii	10, th 12.01		c carrie	(0)	7000	
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	Sinna	ture of a mem	ber or author	rized represent	ntative of a r	nember			