

L20 000153684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

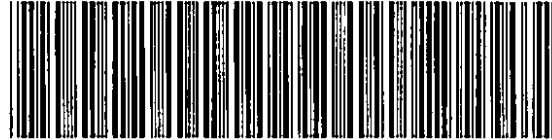
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500360498365

02/19/21--01024--033 **60.00

2021 FEB 19 PM 3:47

O SIMMONS
APR 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZFRAME LOGISTICS 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:

Owen Cross

Name of Person

ZFRAME LOGISTICS LLC

Firm/Company

360 NE 56th Street

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

zframelogistics@hotmail.com

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

For further information concerning this matter, please call:

Latania Cooper

Name of Person

at (856) 842 8409

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZFRAME LOGISTICS LLC

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

2021 FEB 19 PM 3:47

The Articles of Organization for this Limited Liability Company were filed on JUNE 05, 2020 and assigned
Florida document number L20000153684.

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)

360 NE 56TH STREET

FORT LAUDERDALE

FLORIDA 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

360 NE 56TH STREET

FORT LAUDERDALE

FLORIDA 33334

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:

OWEN CROSS

New Registered Office Address:

360 NE 56TH STREET

Enter Florida street address

FORT LAUDERDALE

Florida 33334

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.

Cross
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

2021 FEB 19 PM 3:47

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CEBERT GIBBS	2920 RANCH HOUSE RD.	<input type="checkbox"/> Add
		WEST PALM BEACH, FL. 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LATANIA COOPER	360 NE 56TH STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33334	<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
			<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.)

PLEASE TO REMOVE CEBERT GIBBS FROM COMPANY AS REGISTERED AGENT AND MANAGER.

PLEASE TO ADD OWEN CROSS AS REGISTERED AGENT AND LET HIM REMAIN MANAGER OF THIS
ZFRAME LOGISTICS LLC.

2021 FEB 19 PM 3:17

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 February 12, 2021

ROSS
Signature of a member or authorized representative of a member

OWEN CROSS
Typed or printed name of signer