

L20000 180844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

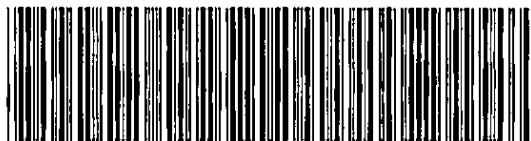
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AR Logistics #1, 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:

AGUSTIN RODRIGUEZ

Name of Person

AR Logistics #1, LLC

Firm/Company

5460 EAST 4TH AVE.

Address

HIALEAH, FLORIDA 33013

City/State and Zip Code

TINOZRX66@YAHOO.COM

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

For further information concerning this matter, please call:

AGUSTIN RODRIGUEZ

786 295-4584
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

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

AR Logistics #1, LLC.

(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 06/29/2020 and assigned
Florida document number L20000180844.

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)

5460 EAST 4TH AVE.

HIALEAH, FLORIDA 33013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5460 EAST 4TH AVE.

HIALEAH, FLORIDA 33013

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:

AGUSTIN RODRIGUEZ

New Registered Office Address:

5460 EAST 4TH AVE.

Enter Florida street address

HIALEAH

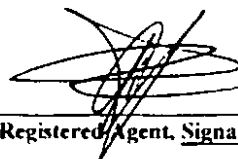
City

Florida 33013

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>
CEO	AGUSTIN RODRIGUEZ	5460 EAST 4TH AVE. HIALEAH, FL 33013	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	AGUSTIN RODRIGUEZ	5460 EAST 4TH AVE. HIALEAH, FL 33013	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SILVIO GARCIA	1690 WEST GOLFVIEW DRIVE.	<input type="checkbox"/> Add
		PEMBROKE PINE, FL 33026	<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

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JANUARY 1, 2021

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

Please change the following: Title of Agustin Rodriguez from CEO to Manager (MGR) and remove Silvio Garcia as Registered Agent and add Agustin Rodriguez as the Registered Agent. And the mailing address to the New 5460 EAST 4TH AVE. Hialeah, FL 33013

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E. Effective date, if other than the date of filing: 11/27/2020 **(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 November 27, 2020



Signature of a member or authorized representative of a member

Agustin Rodriguez

Typed or printed name of signee