

L20 000 141366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

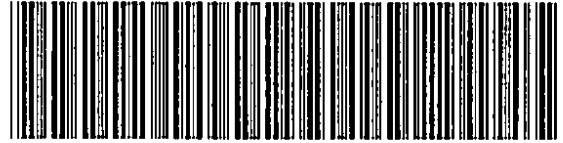
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL 27 AM 8:00

SECRETAR / OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGISTIC SAFETY SOLUTIONS 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:

WILLIAM WEISS
Name of Person

LOGISTIC SAFETY SOLUTIONS LLC
Firm/Company

7722 SCHOONER CT
Address

PARKLAND FLORID 33067
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM WEISS at (561) 901 0818
Name of Person Area Code 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 27 AM 8:00

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

LOGISTIC SAFETY SOLUTIONS 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 JUL 6 2020 and assigned Florida document number L 20000191366.

This amendment is submitted to amend the following:

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

LOGISTIC SAFETY SOLUTIONS LLC

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)

7722 SCHOONER CT
PARKLAND FLORIDA 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7722 SCHOONER CT
PARKLAND FLORIDA 33067

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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2020 JUL 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title	Name	Address	Type of Action
MR	CRAIG ZERBST	16724 STARSBOURG LN	<input checked="" type="checkbox"/> Add
		DELRAY BEACH FL 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL.

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

When FORMING THIS COMPANY I SPELLED THE
NAME INCORRECTLY.

INCORRECT : LOGISTIC SAFTY SOLUTIONS
CORRECT : LOGISTIC SAFETY SOLUTIONS

I AM ALSO WANTING TO ADD ONE MORE
MANAGING MEMBER AS NOTED ABOVE.

2020 JUL 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL

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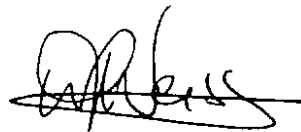
E. Effective date, if other than the date of filing: _____ (optional)

(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 7/22/2020



Signature of a member or authorized representative of a member

WILLIAM WEISS

Typed or printed name of signer