L20000224036

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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		LOGISTIC LLC					
JOBIA		Name of Lin	nited Liability Company				
		Amendment and fee(s) are sub					
Please re	tum all correspo	ondence concerning this matter	to the following:				
		YOLANDA ARBOLEDA					
			Name of Person	<u>_</u>			
		WUNCAB LOGISTIC LL	.C				
			Firm/Company				
		2134 LINCOLN ST APT	15				
		HOLLYWOOD FL 33020 City/State and Zip Code					
		ELROITIELINTERNATIONAL@GMAIL.COM					
		E-mail address: (to be used for future annual report notification)					
For furth	er information c	oncerning this matter, please c	ail:				
YOLAN	DA ARBOLED	A	772 267-9863				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$ 25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
i	Mailing Addres	› :	Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

FILED

MAY 25 PAIL 50

WUNCAB LOGISTIC LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 01/11	1/2022 7 28 20 and assigned
Florida document number L20000224036		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liab	lity Company." the des	ignation "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 rec	ords, 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 Floride	a street address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

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 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>	Type of Action
MGR	GUILLERMO F SILVIO BRAVO	1995 W FREDERICK SMALL RD. JUPITER (FL. 3)	34 ■ Add
			□Remove
			_ ElChange
			_ DAdd
			_ ⊒Remove
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F-60	
(If an eff	ve date, if other than the date of filing: cetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fi	I 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 ed.
Dated	
	17:00
	Signature of a member or authorized representative of a member