L20000230613

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Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations		
M&D Log SUBJECT:	istics LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Elliot Montalvo		
		Name of Person	
		Firm/Company	
	2455 W 67th Pl 12-10		
		Address	
	Hialeah, FL 33016		
	mdlogisticsfl@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	ication)
Elliot Montalvo		863 398-9365	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Addr		Street Address:	vion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 63	•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&D Logistics LLC

(Name of the Limited Liability Compated Limited Limite	ny as it now appears on our recordinability Company)	₹)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000230613</u>	were filed on August 3, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Monti Logistics, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>A</u>
(Principal office address MUST BE A STREET ADDRESS)		500
		55 P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 2
maing datess MAT BE A TOST OF THE BOAY		- RDE 22
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	5
	, Flo	orida
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
If Chan	ging Registered Agent, Signature o	f 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>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an ef Note:	fective date, if other than the date of filing:	g.) Pursuant to 605	
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T led.	The 90th day after	r the
Dated	October 15, 2020		
54100	Wertfled by PDFfffer 10/15/2020		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee