

L20000312125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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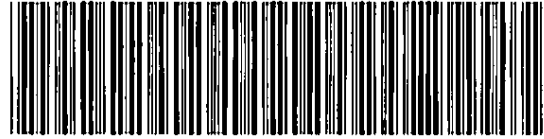
(Business Entity Name)

(Document Number)

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**DATE: 10/19/20**

**NAME: ZOOM LOGISTICS TRANSPORTING LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 30.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zoom Logistics Transporting 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:

Felicia P. Jordan

Name of Person

Firm/Company

1006 Baycrest Dr.

Address

Lakeland FL. 33805

City/State and Zip Code

zoomlogistics2020@gmail.com

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

For further information concerning this matter, please call:

Felicia P. Jordan

Name of Person

at (813)

Area Code

212-0908

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**

Zoom Logistics Transporting 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 Oct. 13<sup>th</sup> 2020 and assigned Florida document number L20000312125

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)**

**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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Felicia P. Jordan

New Registered Office Address:

1006 Baycrest Dr.

Enter Florida street address

Lakeland

City

, Florida 33805

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.*

Felicia P. Jordan

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
AMBR = Authorized Member

| AMBR | Enc L. Hillsman Jr. | 3201 E. 24th Ave               | <input checked="" type="checkbox"/> Add |
|------|---------------------|--------------------------------|---|
|      |                     | Tampa Fl. <del>33605</del> (F) | <input type="checkbox"/> Remove         |
|      |                     | 33605                          | <input type="checkbox"/> Change         |
|      |                     |                                | <input type="checkbox"/> Add            |
|      |                     |                                | <input type="checkbox"/> Remove         |
|      |                     |                                | <input type="checkbox"/> Change         |
|      |                     |                                | <input type="checkbox"/> Add            |
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|      |                     |                                | <input type="checkbox"/> Remove         |
|      |                     |                                | <input type="checkbox"/> Change         |

2005.19 April: 11

**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.

Dated 10.19.2020

Felicia P. Jordan  
Signature of a member or authorized representative of a member

Felicia P. Jordan  
Typed or printed name of signee

**Filing Fee: \$25.00**