# L2000034454

(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 Se Division of Cor		•	
SUBJECT:	Teniecia	Bumoto LC	•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ter	Name of Person	
	<del></del>	Firm/Company	
	1860 NW 4	2nd terrace Apt	-D-105
	Laude	erhill FL 333	13
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  to be used for future annual report notified	
For further information c	oncerning this matter, please ca	•	
Name o	Presson Person	at ( <u>786) (013-6</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	S \$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		Street Address:	stion
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teniecia Par	mphs LLC	
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000り3445は</u> .	pany were filed on $10 2-8 2-0$	and assigned
This amendment is submitted to amend the following:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Ogistics LLC .iability.company," the designation "LLC" or the	a abbreviation R 12 PH : 06
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.		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cuy	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>	Address	Type of Action
AMBR	Terica Mitchell	11941 Sw 200st Miami FL 33177	_ \square
			□Remove
			□Change
<u>AMBA</u>	Teresa Ovens	18hd Nw 42nd terrace Apt DIG Landerhill FL 33313	5 to/Add
			_ □Remove
		The second of th	□Change
AMBR	Tevaun Owens	19.60 NW 42nd terrace Apt D Lauderhill FL 33313	_⊠Add
			□Remove
			_ DChange
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			⊔Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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		<del></del>		<u> </u>	
				<del> </del>	
Effective date, if other (If an effective date is listed, to Note: If the date inserted document's effective date.	the date must be specific ar ed in this block does not	nd cannot be prior to date of meet the applicable state	filing or more than 90 days	optional) s after filing.) Pursuant to 605.0 s, this date will not be listed	0207 (3 d as th
			fective time, at 12:	01 a.m. on the earlie	r of:
the record specifies a ) The 90th day after  Dated April 5	th	. 3031 In:			
) The 90th day after		a member or authorized rep	presentative of a member		

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Filing Fee: \$25.00