## Florida/Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

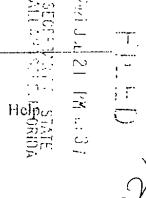
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail 1	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OMR LOGISTICS LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu



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## **COVER LETTER**

	STICS ELÇ		:
SUBJECT:	Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
			•
The enclosed Articles of A	amendment and fee(s) are sub	unitted for filing.	•
Division of Corporations  OMR LOGISTICS 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:  RODRICUEZ, OLGA M  Name of Person  OMR LOGISTICS LLC  Fiert-Company  3210 COUNTRYSIDE STREET  Address  BRANCON, FL 33511  City/State and Zip Code  lechiclet @gmail.con  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RODRIGUEZ, OLGA M  Name of Person  Takes Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Registration Section  Registration Section  Pivision of Corporations  Division of Corporations  The Centre of Tallahassee			
	RODRIGUEZ, OLGA M		
		Name of Person	:
	OMR LOGISTICS LLC		
		Firm/Company	- Andrew Control of the Andrew Control of th
	3210 COUNTRYSIDE ST	REET	ţ
	:	Address	
	BRANCON, FL 33511		
		City/State and Zip Code	<del></del>
	ledieler7@gmail.com		
	E-mail address:	to be used for future annual report notif	fication)
For further information co	neeming this matter, please o	all:	•
RODRIGUEZ, OLGA M	:		
Name of	Person !		e Telephone Number
Enclosed is a check for the	e following amount:		•
S25.00 Filing Fee		Certified Copy	Certificate of Status & - Certified Copy
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~		Division of Con	porations the L
Tallahassee, F	L 32314 '	2415 N. Monroo Tallahassee, FL	e Street, Suite 810
	;	rananassee, FL	32303 STreet, Suite 810 ST

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OMR LOGISTICS LEC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
		;
The Articles of Organization for this Limited Liability Compar	1y were filed on 03/16/2021	and assigned
Florida document number L21000 24977		
·		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
i !		
The new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	1311 US HIGHWAY 301	!
	TAMPA, FL 33619	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		!
	1211 110 111011331 201	
Enter new mailing address, if applicable:	1311 US HIGHWAY 301	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33619	
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	Zip Code .
i		Zip Code (
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	nte performance of my duties, and I am fa is provided for in Chapter 60S, F.S. Or, i	miliar with and this document is
		<u> </u>
ιιc	hanging Registered Agent, Signature of New Regi	stered Agent
}		1
<b>↓</b>		•

18132001059 Page: 5 of 6 2021-07-21 19:24:06 UTC To: 18506176383 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

Title	<u>Name</u>	Address	Type of Action
AMBR	RODRIGUEZ, OLGA M	1311 US HIGHWAY 301	
		TAMPA, FL 33619	□Remove
	: •		■Change
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			□ Remove
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			(1) Change

:

18132001059

To: 18506176383

amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)	
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or moote:  If the date inserted in this block does not meet the applicable statutory filing	(optional)  ore than 90 days after filing.) Pursuani to 605.  requirements, this date will not be fiste	020° d-as
cument's effective date on the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after	the
is filed.	!	
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ated 2021	·	
ited		
Signature of a member or authorized representative	of a member	
Harie	of a member	
Signature of a member or authorized representative	of a member	

Filing Fee: \$25.00