

121 000 133488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

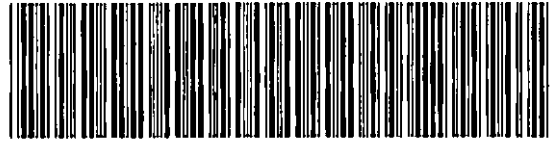
(Business Entity Name)

(Document Number)

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04/13/21--01003--004 **25.00

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2021 APR 12 P 10:53

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENTRUST LOGISTIC SERVICES 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:

CARLOS ALBERTO ORTIZ LECUNA

Name of Person

ENTRUST LOGISTIC SERVICES LLC

Firm/Company

3370 BEAU RIVAGE DR APT Q3

Address

POMPANO BEACH FL-33064

City/State and Zip Code

entrust.logistic.services.llc@gmail.com

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

For further information concerning this matter, please call:

CARLOS ALBERTO ORTIZ LECUNA

954

7078612

at (_____) _____

Name of Person

Area Code

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ENTRUST LOGISTIC SERVICES 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 03/22/2021 and assigned
Florida document number L21000133488.

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:

CARLOS ALBERTO ORTIZ LECUNA

New Registered Office Address:

3370 BEAU RIVAGE DR APT Q3

Enter Florida street address

POMPANO BEACH

City

, Florida 33064

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARLOS A ORTIZ	3370 BEAU RIVAGE DR APT Q3	<input type="checkbox"/> Add
		POMPANO BEACH FL-33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS A ORTIZ LECUNA	3370 BEAU RIVAGE DR APT Q3	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL-33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CHILL

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

CARLOS ALBERTO ORTIZ LECUNA

Typed or printed name of signee

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10

Filing Fee: \$35.00