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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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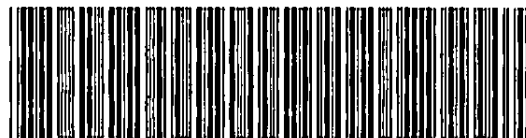
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 21 PM 4:03

T. MATTHEWS

JUN - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACAR 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:

GASTON R. ALVAREZ, ESQ.

Name of Person

GASTON R. ALVAREZ, P. A.

Firm/Company

2655 S. LE JEUNE ROAD, SUITE PH-1C

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

GASTON@GRAPALAW.COM

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

For further information concerning this matter, please call:

GASTON R. ALVAREZ, ESQ.

305 443-3812
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR 21 PM 4:03

FACAR LOGISTICS 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 APRIL 28, 2021 and assigned
Florida document number L21000196735.

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:

221 WEST HALLANDALE BEACH BLVD.

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL. 33009

Enter new mailing address, if applicable:

221 WEST HALLANDALE BEACH BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL. 33009

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:

RUBEN D. APONTE HERNANDEZ

New Registered Office Address:

221 WEST HALLANDALE BEACH BLVD.

Enter Florida street address

HALLANDALE BEACH

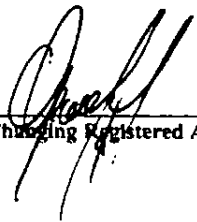
Florida 33009

City

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>
MGR	HECMARY UTRERA	3703 S. W. 52nd, Apt. 105	<input type="checkbox"/> Add
		Hollywood, Fl. 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALFREDO ANTONIO ALONSO	6897 N. W. 173rd Dr. Apt. 102 B	<input type="checkbox"/> Add
		Hialeah, Fl. 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANNY JESUS MORENO	221 WEST HALLANDALE BEACH BLVD.	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL. 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[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) **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 November 11, 2021

RUBEN D. APONTE HERNANDEZ

Typed or printed name of signee