

L21000226260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

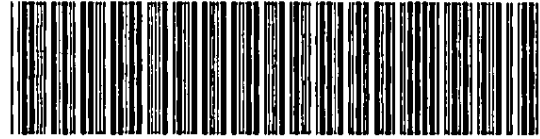
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/22--01022--007 **25.00

2022 OCT 29 PM 10:02

Amend

NOV 21 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Core Ventures, 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:

Ricardo Mancebo

Name of Person

R & D Mancebo Consulting, LLC

Firm/Company

5258 NW 110 Avenue

Address

Coral Springs, FL 33076

City/State and Zip Code

rickmancebo@gmail.com

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

For further information concerning this matter, please call:

Ricardo Mancebo

954 540-1204
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Core Ventures, 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 May 14, 2021 and assigned
Florida document number L21000226260

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:

3301 N. University Drive, Suite #425

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, FL

33065

Enter new mailing address, if applicable:

3301 N. University Drive, Suite #425

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs, FL

33065

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
AMBR	Ridings Transport, LLC	93 West Franklin Street, Suite 304	<input type="checkbox"/> Add
		Centerville, OH	<input checked="" type="checkbox"/> Remove
		45459	<input type="checkbox"/> Change
AMBR	Core Logistics Brokerage, LLC	1401 Green Road, Suite G	<input type="checkbox"/> Add
		Pompano Beach, FL	<input checked="" type="checkbox"/> Remove
		33064	<input type="checkbox"/> Change
AMBR	Core Logistics Brokerage, LLC	3301 N. University Drive, Suite #425	<input checked="" type="checkbox"/> Add
		Coral Springs, FL	<input type="checkbox"/> Remove
		33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

[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.

Dated 10-24-2022


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

14 An

MPN CCB

Typed or printed name of signee

Filing Fee: \$25.00