LZ1000325643

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8/19/21

COVER LETTER

TO:

Registration Section Division of Corporations

	E LOGISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	RIVERA, RICHARD F		
		Name of Person	_
	AIRBORNE LOGISTICS	LLC	
		Firm/Company	
	6725 GILDA DRIVE		
		Address	
	TAMPA, FL 33625		
	-	City/State and Zip Code	
	AIRBORNELOGISTICSLI	_	
	E-mail address: (to be used for future annual report not	itication)
For further information of	concerning this matter, please c	all:	
RICHARD RIVERA		at () 415-1594 Area Code Daytin	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIRBORNE LOGISTICS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed	on 07/16/2021 and assigned
Plorida document number L21000325643	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "L.L.C" 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)	
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	·
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Ex	nter Florida street address
	Florida
	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 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
MGR	RICHARD F. RIVERA	6725 GILDA DRIVE TAMPA, FL 33625	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the deffective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior ok does not meet the applic	(option to date of filing or more than 90 days after cable statutory filing requirements, this.	filing.) Pursuant to 605,020
			The note that the
sout enecative a delayed effective.	date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b	The 90th day after the
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s filed.	2021	·	.
ed AUGUST 5	·	·	
ed AUGUST 5	·	norized representative of a member	