121000348079

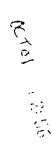
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/1/2004



September 16, 2021

KATRINA MONCRIEF 10715 NW 40TH ST. SUNRISE, FL 33351

SUBJECT: UNIVERSAL FLEET LOGISTICS LLC

Ref. Number: L21000348079

We have received your document for UNIVERSAL FLEET LOGISTICS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00022424

Alecia Rivers Regulatory Specialist II

2833 OCT -1 PN 3:32

COVER LETTER

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TO: Registration Section Division of Corpora	ations
	Logistics LLC#
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Katrina Moncrief
	Name of Person
	Universal Fleet Logistics LLC
•	Firm/Company
	10715 NW 40th Street
	Address
	Sunrise, FL 33351
	City/State and Zip Code
-	ShondaDave02@gmail.com E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Katrina Moncrief	754 368-8610 at ()
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount:
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL	Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universal Fleet Logistics LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	-
The Articles of Organization for this Limited Liability Compar	ny were filed on 08.02.2021	and assigned
lorida document number L21000348079		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviation "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 offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the nar</u>	ne of the new regis
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<u>Q</u>
		Zip Code
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Aget	<u>nt:</u>	∵ ~)
thereby accept the appointment as registered agent and a	gree to act in this canacity. I further as	gree to comply wit

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, <u>enter the title</u>, 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	Katrina Moncrief	10715 NW 40th Street	≅Add
		Sunrise, FL 33351	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	
			□Remove
			Change
			Dadd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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- Effecti	ve date, if other than the date of filing: (optional)
Note:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recore	d 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 ed.
Dated _.	08.28.2021
	Signature of a member or authorized representative of a member