

10/21/21, 2:40 PM

Division of Corporations

# L210003930

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000393084 3)))



H210003930843ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ISLAND TRUCKING & LOGISTICS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2021 OCT 21 PM 4:07

TALLAHASSEE, FLORIDA

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

2021 OCT 21 PM 3:46

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

VH

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Trucking & 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:

Cheyenne Moseley  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
101 N Brand Blvd 11th Fl  
Address  
Glendale, CA 91203  
City/State and Zip Code  
ricardokiffin79@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley  
Name of Person  
800 773-0888  
at ( ) 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Island Trucking & 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 08/13/2021 and assigned  
Florida document number 121000364330.

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED  
2021 OCT 21 PM 3:46  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

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

Title	Name	Address	Type of Action
AMBR	NEIL VANDREA	<div><div></div><div>7848 NW 33RD ST. MARGATE, FL 33063</div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input checked="" type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
AMBR	Zandrea Neil	<div><div></div><div>7848 NW 33rd St. Margate, Florida 33063</div><div></div></div>	<div><div><input checked="" type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
		<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
		<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
		<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
		<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>
		<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Add</div><div><input type="checkbox"/> Remove</div><div><input type="checkbox"/> Change</div></div>

[illegible]

**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 October 07, 2021



Signature of a member or authorized representative of a member

Damian Killin

Typed or printed name of Signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
2021 OCT 21 PM 3:46  
CLERK OF DISTRICT COURT  
JAIL HOUSE, FLORIDA  
30