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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

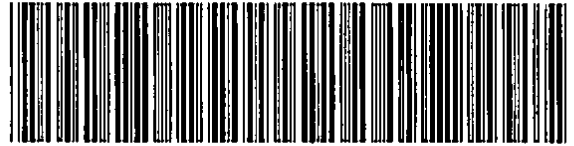
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Special Instructions to Filing Officer:

Spoke to Anninette,  
authorized to make  
changes.

12/28/21  
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12/16/21--01015--001 \*\*30.00

SECRETARY

2021 DEC 16 PM 2:32

FILED

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Weli Freight 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:

Anntinette Campbell Truweli

\_\_\_\_\_  
Name of Person

Weli Freight Logistics LLC

\_\_\_\_\_  
Firm/Company

1001 Mayport Road # 330302

\_\_\_\_\_  
Address

Atlantic Beach Florida 32233

\_\_\_\_\_  
City/State and Zip Code

welilogisticsllc@gmail.com

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

For further information concerning this matter, please call:

Anntinette Campbell Truweli

904

660-4363 or 581-4528

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**

2021 DEC 16 PH 2: 32

Altine 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 09/15/2021 and assigned Florida document number L21000409586.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Weli Freight Logistics LLC

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)**

1001 Mayport Road # 330302

Atlantic Beach Florida 32233

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 330302

Atlantic Beach Florida 32233

**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:

Anntinette Campbell Truweli

New Registered Office Address:

1001 Mayport Rd 320302

*Enter Florida street address*

Atlantic Beach Florida

Florida 32233

*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 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>
<del>GEO</del> AMBR	Anntinette Campbell Truweli	1001 Mayport Road 330302 Atlantic Beach Fla 32233	<input checked="" type="checkbox"/> Add
		Laronka Garrett	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Dionte Garrett	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please remove Laronka Garrett , and Dionte Garrett.

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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 December 16<sup>th</sup>, 2021

Antoinette Campbell Thewele

Signature of a member or authorized representative of a member

Antinette Campbell Truwel

Typed or printed name of signee