12200069949

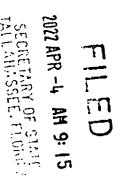
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
15
J. HORNE
APR 18 2022
AFR 10 255

Office Use Only



400384921424

04/04/22--01014--028 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

LOGISTIC	S AUTO TRANSPORT & FR	EIGHT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOUGLAS BAQUIS		
		Name of Person	
	SIMPLEX GROUP Firm/Company		
		Firm/Company	
	7500 NW 52ND ST 100 S	TE	r filing. lowing: me of Person Address ate and Zip Code for future annual report notification) t 305
		Address	
	MIAMI FL, 33166		
		City/State and Zip Code	
	· ·		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
DOUGLAS BAQUIS			
Name o	f Person	Arca Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_	Section Corporations	Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee,	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 APR -4 AM 9: 15

LOGISTICS AUTO TRANSPORT & FREIGHT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORIDGE

	ny were filed on $\frac{02/10^{j}}{2}$	2022 and assigned	
Florida document number L22000069949			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	14170 SW 275TH		
(Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33032-8409		
			_
Enter new mailing address, if applicable:	14170 SW 275TH	ST	
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL	33032-8409	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our reco	rds, <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent:	····		_
Name of New Registered Agent: New Registered Office Address: 14170 SW 2	<u> </u>		_
11170 SW 3	Enter Florida	street address	_
11170 SW 3	Enter Florida		_
New Registered Office Address: 14170 SW 2 HOMESTE	Enter Florida AD City	street address, Florida 33032Zip Code	_ _ _
New Registered Office Address: 14170 SW 2	Enter Florida AD City nt:	, Florida 33032 Zip Code	

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>	Name	Address	Type of Action
AMBR	ROLANDO S MENDOZA	14170 SW 275TH ST	□Add
		HOMESTEAD, FL 33032-8409	□Remove
			⊞ Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□\Add
			□Remove
			□Add
			□Remove
			☐ Change
. ———			□Add
			□Remove
			□Change

					
		······································			<u>.</u>
_					
					
				-	
<u> </u>				· ••• •	
					
f an effective date is listed Note: If the date insert	er than the date of filing I, the date must be specific and ted in this block does not re ate on the Department of S	I cannot be prior to date neet the applicable st	of filing or more than 9 afutory filing require	(optional) 0 days after filing.) Pursu ments, this date will n	ant to 605,0207 of be listed as
record specifies a dela d is filed.	ayed effective date, but not	an effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
Dated February 28		2022			
	FN	l			
	Signature of a	member or authorized r	epresentative of a mem	her	
POLASING) S MENDOZA				
		Typed or printed nam	a at simoa		

Filing Fee: \$25.00