122000171162

(Requestor's Name)
(Address)
, ,
(A.H
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Puningga Fatitu Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



300388293853

05/26/22--01011--030 **30.00

ALLAHASSEE, FI OCIDA

AUG 1 2027 S. PRATHE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	•	ress Dispatching and Logistics,	LLC			
Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		Stephanier Garcia				
			Name of Person			
SWIN Express Dispatchin			g and Logistics, LLC			
			Firm/Company			
		2644 Quantum Lakes Driv	e			
			Address			
		Boynton Beach, Florida 33	426			
			City/State and Zip Code	· • · · · · · · · · · · · · · · · · · ·		
		stephgarcia1487@gmail.com	m			
		E-mail address: (to be used for future annual report noti	fication)		
For further in	nformation c	oncerning this matter, please ca	all:			
Stephanier C	Barcia		917 645-7709 at ()			
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a	check for th	ne 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		Street Address: Registration Se				
Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314				e Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

O)F	4.
		and assigned.
SWIN Express Dispatching and Logistics, LLC		- F. F.
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
	N (111, 2022	Contract of the second
The Articles of Organization for this Limited Liability Company	were filed on April 11, 2022	and assigned
Florida document number 1.22000171162		
This amendment is submitted to amend the following:		Ť.
A. If amending name, enter the new name of the limited liab	ility company here:	
State To State Trucking Logistics, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A - SAME ADDRESS AS FILED	
• • •		
(Principal office address MUST BE A STREET ADDRESS)		
	NA CANGADODES ACEUED	
Enter new mailing address, if applicable:	N/A - SAME ADDRESS AS FILED	
(Mailing address MAY BE A POST OFFICE BOX)		-14
B. If amending the registered agent and/or registered office	address on our records, enter the nai	me of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Now Books and Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature if changing Registered Agent:	•	M. C.

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

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
			□Add
			Remove
			□Change
			□ Add
			□Remove
			Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
			🗆 Add
			Remove
			Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an e Note	tive date, if other than the date of filing: Samu as filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Date	may 23 2022	
	Etohanu Din	1
	Ctaph order (agrain)	; =: (I)
	Typed or printed name of signee \longrightarrow	

Page 3 of 3