L22000212785

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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGUEL LEAL		
		Name of Person	
		Firm/Company	
	Articles of Amendment and fee(s) are submitted for filing. Ill correspondence concerning this matter to the following: MIGUEL LEAL Name of Person Firm/Company 5105 NW 193RD TER Address OPA LOCKA, FL 33055 City/State and Zip Code MABROBUSINESSCOSULTING@GMAIL.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: ML. 186 186 186 186 186 186 186 18		
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: MIGUEL LEAL		
	OPA LOCKA, FL 33055		
	ALA DE ODLIGIME COCOCII	•	
		_	otification)
For further information of	oncerning this matter, please c	all:	
MIGUEL LEAL			
Name o	t'Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres			
Division of C	Corporations	Division of C	Corporations
P.O. Box 632			f Tallahassee roe Street, Suite 810
Tallahassee.	LF 070 F4	2 3 15 N. MOI	itoe street, suite 810

Tallahassee, FL 32303

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

LEAL & SU LOGISTICS LLC

2022 300 -5 7110:11

(Name of the Limite	ed Liability Company as it now appears on our records.)- (A Florida Limited Liability Company)	
	05/05/2022	-
The Articles of Organization for this Limited Lia	ability Company were filed on	and assigned
Florida document number L22000212785		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	<u></u>
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
••		
Mailing address MAY BE A POST OFFICE I	30.0)	
		111111111111111111111111111111111111111
	egistered office address on our records, enter the nar	ne of the new regi
gent and/or the new registered office addres	s nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cin	Zip Code

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 mv 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>	Name	Address	Type of Action
MGR	ARLETTYS SU RIVERO	5105 NW 193RD TER	■Add
		OPA LOCKA, FL 33055	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the E	st be specific and cannot be prid lock does not meet the appl	or to date of filing or more that icable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 : : listed as i
e record specifies a delayed effective is filed.	re date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	2022			
_		horized representative of a m		