

h22000327499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 AUG -5 AM 10:16

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12/1/22

COVER LETTER

TO: Registration Section
Division of Corporations

FROM: varona regional logistics
OBJECT:

Name of Limited Liability Company _____

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabio Varona

Name of Person

varona regional logistics

Firm/Company

19060 sw 4th st.

Address

pembroke pines, FL 33029

City/State and Zip Code

varonal@gmail.com

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

For further information concerning this matter, please call:

Fabio Varona

305

7615350

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

varona regional logistics llc

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

1. Articles of Organization for this Limited Liability Company were filed on 7/25/22 and assigned
filed document number L22000327499.

2. Amendment is submitted to amend the following:

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

varona regional logistics

4. New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

5. If new principal offices address, if applicable:

19060 sw 4th st

(Principal office address MUST BE A STREET ADDRESS)

pembroke pines

FL 33029

6. Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

7. 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

City _____ Florida _____ 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 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

By sending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MOGR - Manager

AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MOGR	Fabio Varela	19060 sw 4th st	☒ Add
		pembroke pine FL 33029	☐ Remove
			☐ Change
AMBR	Lana Lopez Varela	19060 sw 4th st	☒ Add
		pembroke pines FL 33029	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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2022 AUG -5 AM 10:16

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No. e. 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: 7/29/2022

Rina Lopez Flarena

Signature of a member or authorized representative of a member:

Lina Lopez-Varona

Typed or printed name of signee

Filing Fee: \$25.00