# L22000434977

(Requestor's Name)
(Address)
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### Registration Section Division of Corporations

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	Name of Lim	пес главиту Сопрапу					
osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
turn all correspo	ondence concerning this matter	to the following:					
	Lazaro Gonzalez						
		Name of Person					
	L&M 305 Logistics						
	<u> </u>	Firm/Company					
	13805 SW 15 St						
		Address					
	Miami, FL, 33184						
	City/State and Zip Code						
LMLogistics91@gmail.com							
	E-mail address: (	to be used for future annual report noti	fication)				
ther information of	concerning this matter, please c	all:					
Gonzalez		305 986-8653					
Name of Person		Area Code Daytim	e Telephone Number				
ed is a check for t	he following amount:						
5.00 Filing Fee	_	C\$5.00 Elling Cop &	FI \$40.00 Elling Eng				
5.00 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
Tallahassec, FL 32303

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# TO ARTICLES OF ORGANIZATION OF

L&M 305 Logistics (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on  $\frac{10/10/2022}{}$ and assigned document number L22000434977 rendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation" L.L.C." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ng address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ot the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

z filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### ved from our records:

# Manager

# = Authorized Member

Name	Address	Type of Action
HAMADI FAJARDO, MIGUEL A	6900 W FLAGLER ST APT 2B	□Add
	MIAMI, FL 33144	≣Remove
		□Change
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		10/23/2024			
tive date, if other than the frective date is listed, the date in listed in this ment's effective date on the	must be specific and ca block does not mee	et the applicable	ate of filing or more t statutory filing re-	( <b>option</b> : han 90 days after fil quirements, this d	ng.) Pursuant to 605.0207 (
rd specifies a delayed effectiled.	ctive date, but not ar	1 effective time,	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
November		9th			
	190				
	Signature of a me	mber or authorize	d representative of a	member	
Lazaro Gonzalez					
		yped or printed na	ame of signee		*********