L22 000 471 062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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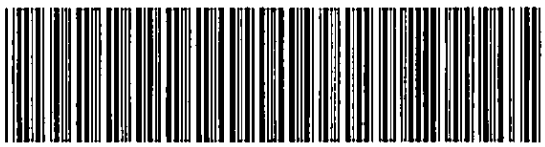

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01/20/23--01009--008 **60.00

01/20/23 02:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2S Logistics LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Bustamante
Name of Person

A2S Logistics LLC
Firm/Company

6193 NW 183rd Street #170504
Address

Hialeah, Florida 33017
City/State and Zip Code

maria@prologixcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Bustamante at (786) 534-7230
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

A2S Logistics LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/02/2022 and assigned Florida document number L22000471062.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6193 NW 183rd Street #170504
Hialeah, Florida 33017

B. 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: Maria Bustamante

New Registered Office Address: 6193 NW 183rd Street #170504
Enter Florida street address

Hialeah, **Florida** 33017
City *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

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

Title	Name	Address	Type of Action
AMBR	Christian Bustamante	7901 4th Street N, STE 300	☐ Add
		St. Petersburg, FL 33702	■ Remove
			☐ Change
AMBR	Maria Bustamante	6193 NW 183rd Street #170504	■ Add
		Hialeah, Florida 33017	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

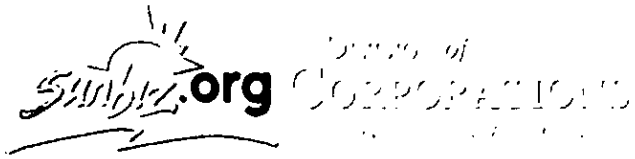
Dated January 10th 2023

Signature of a member or authorized representative of a member

CHRISTIAN BUSTAMANTE

Typed or printed name of signee

Filing Fee: $25.00



Detail by Entity Name

Florida Limited Liability Company
A2S LOGISTICS LLC

Filing Information

Document Number	L22000471062
FEI/EIN Number	NONE
Date Filed	11/02/2022
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	12/27/2022
Event Effective Date	NONE

Principal Address

7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702

Mailing Address

7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702

Changed: 12/21/2022

Registered Agent Name & Address

LEGALINC CORPORATE SERVICES INC.
476 RIVERSIDE AVE
JACKSONVILLE, FL 32202

Authorized Person(s) Detail

Name & Address

Title AMBR

A2S LOGISTICS PTE LTD
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702

Title AMBR

BUSTAMANTE, CHRISTIAN
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702

Annual Reports

No Annual Reports Filed

Document Images

12/27/2022 – LC Amendment	View image in PDF format
11/02/2022 -- Florida Limited Liability	View image in PDF format