## L23000192105

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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

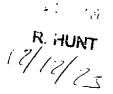
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SHELL OF BELLOT BRIDERS



## **COVER LETTER**

TO:	Registration Secti Division of Corpo	on <sub>e-</sub> . rations			· '<
SUBJE	СТ:	Find Loo	ited Liability Company	· 	
		nendment and fee(s) are sub ence concerning this matter	•		
riease n	etum an correspond	ence concerning this matter	to the following:		
		<u> </u>	SEFINGE ESPIR	vosa	
		Fing	Logistic LLC Firm/Company	<del></del>	
		224	9 SW Dapsco f	7v	202 202
		Port St	City/State and Zip Code	153	2023 DEC 12 PM12: 40
		E-mail address:	CSDa — 7@ hotm (to be used for future annual report notifica	iai Com	Pak
For furt	ner information con	cerning this matter, please c	rall:		P# 12: 40
<b>3</b> 05	efing E Name of Po	Espinosa		- 5805 Elephone Number	<b>0</b> A
Enclose	d 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 Stat Certified Copy (additional copy is en-	tus &
	Mailing Address: Registration Sec		Street Address: Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Lia	MISTIC hillty Compan orida Limited Li	v as it now appears on o ability Company)	our records.)	<del></del> -	
The Articles of Organization for this Limited Liability Florida document number <u>L2300019210</u>		were filed on	18/23	and assig	gned
This amendment is submitted to amend the following	Ç.				
A. If amending name, enter the new name of the I  FING LOGIS  The new name must be distinguishable and contain the words "	Hip (	( )	tion "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)	2249 ; Doit St.	SW Dap Lucie FC	940 340	.ve. 153
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	:			2023 DEC 1 2	DEVISION OF CO
B. If amending the registered agent and/or registe agent and/or the new registered office address her	<u>e</u> :		-	12:4	registéred
Name of New Registered Agent:		osefina E	E. Espino	osa 🖰	<u></u>
New Registered Office Address:	2240	1 5W D Enter Florida str	apsco Av	, E	
<u></u>	Sut 2	+ Lucie	, Florida	3-195 Zip Code	<u> </u>

## 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.

f 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	Dosefina	E ESPInosa 2249 SW	Dapsco: Ave XIAdd
		POA St. Lucie	FL 34953 Remove
			□Change
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Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

4.1

Filing Fee: \$25.00