

L23000259572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

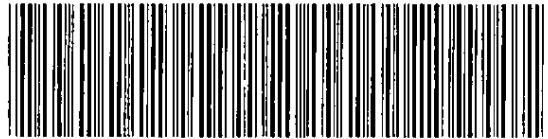
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/23--01014--003 **25.00

2023 JUN 23 AM 7:21
FILED
JUL 10 2023
JUL 10 2023

8/8/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O & B 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:

HEIDY RODRIGUEZ

Name of Person

UNION CARRIER SERVICES

Firm/Company

5643 NW 74 AVE

Address

MIAMI FL 33166

City/State and Zip Code

UNIONCARRIERSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

HEIDY RODRIGUEZ

305 3921035

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

2023 JUN 23 AM 7:21

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

FALL ACESITE

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

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

503 CAPE CORAL PKWY APT 103

CAPE CORAL, FL 33914

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

503 CAPE CORAL PKWY APT 103

CAPE CORAL, FL 33914

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:

New Registered Office Address:

503 CAPE CORAL PKWY APT 103

Enter Florida street address

CAPE CORAL Florida 33914

Civ

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

MGR = Manager
AMBR = Authorized Member


(Only update address)

[illegible]

[illegible]

(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)

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.


Signature of _____

OSMERY NAVARRO FERNANDEZ

Filing Fee: \$25.00