# L23000277936

(Requestor's Name)
(Address)
(Address)
(riddiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2023

CHRISTINA MOORE 1980 NW 46TH AVE UNIT 239 LAUDERHILL, FL 33313

SUBJECT: RUSS & CO. DISPATCH & LOGISTICS LLC

Ref. Number: L23000277936

We have received your document for RUSS & COPDISPATCH & LOGISTICS LLC and your check(s) totaling \$35.00. However, therenclosed document has not been filed and is being returned for the following correction(s)

The form you submitted is for a Florida Profit Como allow your entry is LLC. Please complete and return the enclosed blank form (s)

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal. (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 823A00024761

#### COVER LETTER

TO: Registration Section

Division of Corporations

Russ & Co. Dispatch & Logistics LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing

The enclosed Afficies of	Amendment and ree(s) are suc	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christir	na Moore		
		Name of Person	<del></del>	
		Firm/Company		
	1980 Nw 46th			
	Lauderh	ill,Fla 33313		
	pastormoor E-mail address: (	City/State and Zip Code  Ce62@gmail.com  Ito be used for future annual report note	fication)	
For further information c	oncerning this matter, please c	all:		,
Christina Mod	<u> </u>	at (_863_) 623-230	05	-
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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

Russ & Co. Dispatch & Logistics LLC

(Name of the Limited Liab	oility Company as it now appears	s on our records.)	
	ullity Company as it now appear. ida Limited Liability Company)		
The Articles of Organization for this Limited Liability dorida document number <u>L230002777936</u>	Company were filed on	06/08/23	and assigned
his amendment is submitted to amend the following:			
The Russ Transportation	Group LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LEC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET ADL</u>	DRESS)		
		· · · ·	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
Managamats MAT BE A TOST OF THE BOAY	<u></u>		
	<u></u>		1
3. If amending the registered agent and/or register	red office address on our re	cords, enter the nam	e of the new regis
gent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			· , ~
	Enter Flori	da street address	
		, Florida	
	Cuy		Zıp 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the date of filing:	tional) ter filing.) Pursuant to 605.0207 his date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ( is filed.	(b) The 90th day after the
11/0//2022	
11/06/2023	

Typed or printed name of signee