La3000a8a165

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

Office Use Only

611



200432582092

07/11/24--01008--030 **25.00

2 . 1 · 20 F.: 3: 10

y 91242424

COVER LETTER

TO: Registration Division of C			
	GISTIC LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	EDELIS CONTINO CEJA	AS	
		Name of Person	
	ELI LOGISCTIC LLC		
		Firm/Company	
	10090 NW 80TH CT APT	1413	
		Address	
	HIALEAH GARDENS, F	L 33016	
	ELILOGISTICS12@GMA	City/State and Zip Code	
	**	to be used for future annual report noti	ification)
For further informatio	n concerning this matter, please c	all:	
EDELIS CONTINO O	CEJAS	786 759-5867	
Name of Person		at () Area Code Daytim	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810



July 24, 2024

EDELIS CONTINO CEJAS 10090 NW 80TH COURT APT 1413 HIALEAH GARDENS, FL 33016

AUG 2 0 2024

SUBJECT: ELI LOGISTICS LLC Ref. Number: L23000282165

We have received your document for ELI LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

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

Letter Number: 224A00016231

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ELI LOGISTIC LLC		50 11. 0. 10
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	v were filed on <u>06/12/</u>	2023 and assigned
Florida document number 1.23000282165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new_name of the limited lial	pility company here:	
the new name must be distinguishable and contain the words "Limited Liab	ulity Company," the desig	nation "i.l.C" or the abbreviation "L.lC."
Enter new principal offices address, if applicable:	10090 NW 80TH C	T APT 1413
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH GARDI	INS, FL 33016
Enter new mailing address, if applicable:	10090 NW 80TH C	T APT 1413
Mailing address MAY BE A POST OFFICE BON)	HIALEAH GARDI	ENS, FL 33016
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: EDELIS CON	address on our reco	rds, enter the name of the new register
N D 1 10090 NW 80	TH CT APT 1413	
New Registered Office Address: 10090 NW 80	TH CT APT 1413 Enter Florida	street address
New Registered Office Address: 10090 NW 80	Enter Florida	street address, Florida 33016 Zip Code

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
***			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Chana

 	-			
		1.7-		
•				
		<u> </u>	,,,	
				
		<u> </u>		
				.
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applica	to date of filling or more that the statutory filling req	(optional) an 90 days after filing.) Pursua airements, this date will no	ant to 605.0207 (of be listed as t
e record specifies a delayed effective da rd is filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
Dated JUNE 25	2024	·		
\bigcirc /1/1				
- Exter	gnature of a member or autho	rized representative of a	nember	

Filing Fee: \$25.00