Florida Deparament of State Division of Corporations Electronic Filting Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758

Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: atejidor@therrelbaisden.com

SECTION OF STATES IN THE OF STATES OF TALL HAS SEE, PLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARIBBEAN LOGISTIC SERVICES, LLC

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Corporate Filing Menu

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S. ROBERTS

JUL 13 2023

COVER LETTER

TO:	Registration Se Division of Cor				
Cunte		AN LOGISTIC SERVICES, LI	.c		
SUBJE	oli <u> </u>	Name of Limi	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		ANDRES E. TEJIDOR, ES	SQ.		
			Name of Person		
		THERREL BAISDEN, LL	P		
			Firm/Company	····	
			Address	<u></u>	
MIAMI, FLORIDA 33131					
			City/State and Zip Code		
		ATEJIDOR@THERRELBA	(to be used for future annual report notification)		
Car S. at	i fi	·	•	Lation	
		concerning this matter, please co			
ANDRES E. TEJIDOR, ESQ.			305 371-5758 at()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he 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 (edditional copy is enclosed)	
	Mailing Address Registration		Street Address: Registration Sect	tion	

Mailing Address:
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

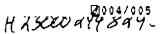
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARIBBEAN LOGISTIC SERVICES, LL	.c		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record ida Limited Ciability Company)	5.)	
The Articles of Organization for this Limited Liability Florida document number L23000315029	Company were filed on JULY 5, 2023	and assigned	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Unability Company) for this Limited Liability Company were filed on JULY 5, 2023 and assigned 3000315029 to amend the following: The new name of the limited liability company here: ND OPERATIONS LLC able said contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: IST BE A STREET ADDRESS) If applicable: POST OFFICE BOX and assigned The new name of the limited Liability Company here: STREET ADDRESS) The abbreviation "LLC" or the abbreviation or the abbreviat		
_			2 PH 5:42
	mited liability company here:		
CARIBBEAN LOGISTICS AND OPERATIONS LLC	inited Linkillin Company Value desirentian (ILL)	" or the shbrevistion " 1 C"	_
	imited Etablity Company, the designation EEC	or the appreviation C.C.C.	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADL	ORESS)		<u>. </u>
		· ·	istere
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-
			_
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new regis	<u>terec</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street addres	<i>y</i>	_
	. FI	orida	
		Zip Code	_
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, at agent as provided for in Chapter 605, ared office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document i	

H23002448243

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 Type of Action Address <u>Title</u> Name □Add _____ Change _____ Change _____ □Remove ___ Change ______ ___Add _____ □Remove Change _____ 🗆 Remove _____ Change ____ □Add □Remove

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Change

						
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Mective date, if other that an effective date is listed, the	e date must be specifi	ic and cannot be p	rior to date of fills	e of more than yo d	_ (optional) loys ofter filing.) Pursi	uant to 605.020
ote: If the date inserted ocument's effective date	in this block does a on the Department	not meet the app t of State's reco	plicable statutor; rds.	y filing requireme	ents, this date will r	not be listed as
	•					
record specifies a delayer	d effective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 90th	a day after the
is filed.	- -					
11.11.V.13		2023				
ated		2023	·			
						
	/50		-			

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