L23000036409

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : JC TAX PROFESSIONAL SERVICES
    Account Number : 120210000124
    Phone   : (786)482-9388
    Fax Number   : (123)456-789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
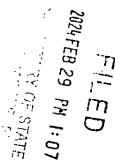
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EYP LOGISTIC LLC

Certificate of Status	1
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FILED 2024 FEB 29 PM 1:07 SECRETARY OF STATE

T. LEMIEUX
MAR 0 1 2024

COVER LETTER

O: **Registration Section**
Division of Corporations

SUBJECT: EYP LOGISTIC 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:

JESSICA CRUZ

Name of Person

JC TAX PROFESSIONAL SERVICES

Firm/Company

7572 W 34TH LANE

Address

HIALEAH FL 33018

City/State and Zip Code

JC.TAXPROSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

Juan Carlos Arroyave Tuttle   at (316) 252-0313

Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☒ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                        (additional copy is enclosed)   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

EYP LOGISTIC LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 1st 2024 _____ and assigned

Florida document number L23000532489 _____ .

This amendment is submitted to amend the following:

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

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

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:

2024 FEB 29 PH 1:07
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SECRETARY OF STATE

Name of New Registered Agent: JUAN CARLOS ARROYAVE TUTTLE

New Registered Office Address: 6415 NW 102 PATH SUITE 213
                                   Enter Florida street address

                                   DORAL FL _____, **Florida** 33178 _____
                                        City   *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.

Juan Carlos Arroyave Tuttle

If Changing Registered Agent, **Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated ___February 19th___ , ___2024___ .

_____Juan Carlos Arroyave Tuttle_____
Signature of a member or authorized representative of a member

_____Juan Carlos Arroyave Tuttle_____
Typed or printed name of signee

Filing Fee: $25.00