# Előrida Departmentsof State Ofvision of Corporations Electropic Filipig Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			( <u>, , , , , , , , , , , , , , , , , , , </u>
	Division of Corporations		<u> </u>
	Fax Number : (850)617-6383		1 m
From:			*,*
	Account Name : SUNBIZ ONLINE	LLC	:-
	Account Number : I20210000128		•
	Phone : (305)244-9500		
	Fax Number : (954)827-9354		
PH 2	the email address for this busine nual report mailings. Enter only o		
Emter an Em	nual report mailings. Enter only of ail Address:  LC AMND/RESTATE/CORRE	cone email address plo	ease.**
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K.	SALY
SEP	1-3-2024

Electronic Filing Menu

Corporate Filing Menu

Help

# **COVER LETTER**

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Registration Section

TO:

Division of Co	rporations		
CUD ICZYP.		ISTIC ER LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		RODRIGO URBINA	
		Name of Person	······································
		SUNBIZ ONLINE LLC	
		Firm'Company	
	2031 HARRISON ST.		
		Address	
		HOLLYWOOD, FL 33020	
		City/State and Zip Code	
	Re	ODRIGO@SUNBIZONLINE.OF	RG
	E-mail address: (	to be used for future annual report no	ntification)
For further information of	concerning this matter, please c	all:	
RODRIG	O URBINA	305	244-9500
Name (	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of Co	orporations
P.O. Box 633		The Centre of	
Tallahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



### LOGISTIC ER LLC

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

(A Flonda Lim	ited Liability Company)		<i>'</i> .
The Articles of Organization for this Limited Liability Comp  Florida document number	onny were filed on	02/15/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>ę</u> :	
The new name must be distinguishable and contain the words "Limited I	iability Company," the des	ignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS	5)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:		ords, <u>enter the nan</u> ONLINE LLC	ne of the new regist
New Registered Office Address:	2031 HA	RRISON ST	
	Enter Florid	u street address	
	HOLLYWOOD	Florida	
	C) ŋ·		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 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

<u>Title</u>	Name	Address	Type of Action
MGR	RODRIGUEZ ROJAS, ENGELS	9300 FONTAINEBLEAU BLVD APT 112 E	
		MHAMI, FL 33172	□Remove
			🖹 Change
MGR	ROJAS ROA, EDWARD F	9300 FONTAINEBLEAU BLVD APT 112 E	□Add
		MIAMI. FL 33172	Remove
			@Change
N/A	N/A	N/A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
<del></del>			Remove
			2:OChange
<del></del>			□Add
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			□Change
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			Remove
			□Change

N/A		
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ctive date, i	f other than the date of filing:	(optional)
	s listed, the date must be specific and cannot be prior to date of inserted in this block does not meet the applicable state.	
	tive date on the Department of State's records.	
cord specifies filed.	a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after
THU.		
ed.	SEPTEMBER 12 2024	
	Engels Kodri	guez R. resentative of a member
	Signature of a member or authorized ref	presentative of a member

Filing Fee: \$25.00