## L21/2012032

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zipir-Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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18/22/24

## **COVER LETTER**

TO: Registration S Division of Co			
STEPH C SUBJECT:	HRISS GROUP LOGISTICS &	& CONSTRUCTION LLC	
SUBJECT:	Name of Lir	mited Liability Company	-
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	τ to the following:	
	FERNANDO CRUZ		
		Name of Person	
	STEPH CHRISS GROUI	PLOGISTICS & CONSTRUCTION LLC	
	-	Firm/Company	_
	15051 SW 103RD LN /	APT 4212	
	<del></del>	Address	_
	MIAMI, FL 33196		
		City/State and Zip Code	_· · · · · · · · · · · · · · · · · · ·
	cruzcuellarfernando@gma E-mail address: (	il.com (to be used for future annual report notification)	is by
For further information of	oncerning this matter, please c	·	PH
FERNANDO CRUZ	<u> </u>	305 970-6026	
	f Person	at ()  Area Code Daytime Telephone Numb	
		Auda Code Dayunic Pelephone Human	Ci
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPH CHRISS LOGISTICS LL			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited I	iability Company	were filed on03/11/202	4 and assigned
Florida document number L24000120332			
his amendment is submitted to amend the following	owing:		
a. If amending name, enter the new name o	f the limited liab	ility company here:	
STEPH CHRISS GROUP LOGISTICS & CONS	TRUCTION LLC		
he new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15051 SW 103RD L1	N APT 4212
Principal office address MUST BE A STREE	MIAMI, FL 33196		
			• !
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		15051 SW 103RD L	N APT 4212
		MIAMI, FL 33196	
			- James
. If amending the registered agent and/or r	egistered office a	ddress on our records,	enter the name of the new regis
gent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	FERNANDO C	CRUZ	
New Registered Office Address:	15051 SW 1031	RD LN APT 4212	
		Enter Florida stree	t address
	MIAMI		. Florida 33196
		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.

If Changing Registered Agent. Signature of New Registered Agent

N/A				
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etive date, if other than the date of filing:		(optiona	al)	
ffective date is listed, the date must be specific and cannot be	prior to date of filing or	more than 90 days after fili	ng.) Pursua	nt to 605.
If the date inserted in this block does not meet the apment's effective date on the Department of State's record		ing requirements, this da	ite will no	t be liste
nent's effective date on the Department of State S rece	orus.			
ord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m	n, on the earlier of: (b)	The 90th o	day after
filed.				
JULY 24TH 2024				
I sa	2			

1711 ID 00 = 04

Typed or printed name of signee

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>	<u>Name</u>	Address	Type of Action
	N/A		🗆 Add
			□ Remove
			□Change
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