

MI70000000420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/21/19-01:01:00

2019 OCT -7 PM 1:02

FILED

C. GOLDEN

OCT -9 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPTIMAL US LOGISTICS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATALIE SULLIVAN  
Name of Person

EXPORTACTION, LLC  
Firm/Company

4500 140<sup>th</sup> AVE N. Ste. 101  
Address

CLEARWATER FL 33762  
City/State and Zip Code

NATALIES@EXPORTACTIONUSA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE SULLIVAN at ( 727 ) 538-4147  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2019

NATALIE SULLIVAN  
4500 140TH AVENUE N  
SUITE 101  
CLEARWATER, FL 33762

SUBJECT: OPTIMAL US LOGISTICS, LLC  
Ref. Number: M17000000420

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

You must complete 1 - 4 in Section I.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 819A00019783

2019 OCT -7 PM 12:52

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2019

NATALIE SULLIVAN  
4500 140TH AVENUE N  
SUITE 101  
CLEARWATER, FL 33762

SUBJECT: OPTIMAL US LOGISTICS, LLC  
Ref. Number: M17000000420

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 519A00018423

REC-11779  
2019 SEP 23 PM 12:24

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

ED

2019 OCT -7 PM 1:02

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: OPTIMAL US LOGISTICS LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is:

M17000000420

3. Jurisdiction of its organization:

DE

4. Date authorized to do business in Florida:

12/12/16

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

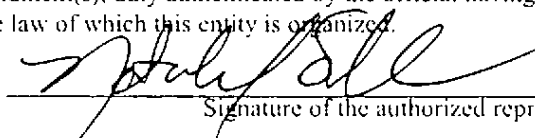
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn Rizzo	4500 140 <sup>th</sup> AVE. N.	<input type="checkbox"/> Add
		# 117, CLEARWATER FL 33762	<input checked="" type="checkbox"/> Remove
MGR	DANIEL LATHAM	4500 140 <sup>th</sup> AVE N. # 117	<input checked="" type="checkbox"/> Add
		CLEARWATER FL 33762	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

NATALIE SULLIVAN  
Typed or printed name of signee

Filing Fee: \$25.00