

L18000109955

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:

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Account Number : 126010600062
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**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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STATE OF FLORIDA
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EZI LOGISTICS LLC

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10/2/2018 12:26:34 PM PAGE 1/001 Fax Server



October 2, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EZJ LOGISTICS LLC
15201 BALM WIMAUMA RD.
WIMAUMA, FL 33598US

SUBJECT: EZJ LOGISTICS LLC
REF: L18000109955

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This entity has been voluntary dissolved. Articles of Amendment cannot be filed on voluntary dissolved entity. Entity has to be in active status first.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000265792
Letter Number: 718A00020467

FILED
OCT 3 2018
8:55 AM
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZJ LOGISTICS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

mporrino5@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888 ext. 9724

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
18 DEC -3 AM 8:55
TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJZ LOGISTICS 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 05/01/2018 and assigned Florida document number L18000109955

This amendment is submitted to amend the following:

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

EJZ Logistics of Florida LLC

The new name must be distinguishable and end with 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:

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.

If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

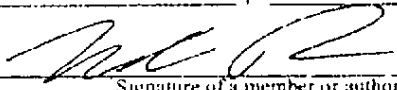
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/5 2018



Signature of a member or authorized representative of a member

Michael Porrino

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA