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TALLAHASSEE. FLORID:

D. BRUCE
NOV 0 5 2012
EXAMINER

APPROVEU AND

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

TF 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:

YIMI RODRIGUEZ

Name of Person

DORAL CARRIER SERVICES

Firm/Company

10680 NW 37 TERR

Address

DORAL, FL 33178

City/State and Zip Code

DORALCARRIERSERVICES@YAHOO:COM

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

For further information concerning this matter, please call:

YIMI RODRIGUEZ

832,752-6720

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

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AND

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTF BROKER,LLC		
( <u>Name of the Limited Liabi</u> l (A F)oric	ity Company as it now appears on our record la Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability		and assigned
	Company were med on	and assigned
Florida document number L0900094267	······································	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I	imited liability company here:	
JTF LOGISTICS,LLC		, , , , , , , , , , , , , , , , , , ,
The new name must be distinguishable and end with the value. L.C."	words "Limited Liability Company," the designa	المساحين المساحدين
		LARC NO.
Enter new principal offices address, if applicable:		TANK NO FA
( <u>Principal office address MUST BE A STREET AD</u>	DRESS)	
		, m <sup>-1</sup>
		2: 5 LOR LOR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		,
muning dualess MAI DE ATOST OFFICE BOX		
B. If amending the registered agent and/or re-	gistored office address on our records a	ntar the name of the new
registered agent and/or the new registered office a		mer the name of the new
Name of Nam Docistand Acoust		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	. Flori	ida
<del></del>	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			LEFRem No.
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			Add
	- And the second	Remove	
			Add
			Remove

Vimi Rodijava X (lini hodiava)	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Vimi Rodiava X ( Lini hodiava)	
Vimi Rodiava X (linihodiava)	
Vimi Rodiava X (lini hotiais)	
Vimi Rodiaux X (linihodiaus)	
Vimi ROCIIQUCA X (Jim Notugus)	001 39 3013
	Signature of a member of authorized representative of a member

Page 3 of 2

Filing Fee: \$25.00

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AFFROYE