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COVER LETTER

TO: 1	Registration Se Division of Cor	ection porations			
cun ur	JOHNSON	LOGISTICS LLC		•	
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		JOHNSON, MCKENZIE			
			Name of Person		
		JOHNSON LOGISTICS I	LLC		
			Firm/Company		
		2240 NW 51 STREET			
			Address		
		MIAMI, FL 33142			
		MCKJ84539@GMAIL.CO	City/State and Zip Code	2	
		E-mail address. (to be used for future annua	d report notification	on)
For furthe	er information c	oncerning this matter, please ca	all:		
JOHNSC	ON, MCKENZII	Ē		85-3617	
	Name o	f Person	at () Area Code	Daytime Tele	ephone Number
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres			Address:	
	Registration ? Division of C		-	ration Section on of Corpora	
	P.O. Box 632			entre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reconability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number L10000013247	were filed on <u>02/04/2010</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2240 NW 51 STREET	2020	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142		
		22	
Enter new mailing address, if applicable:	2240 NW 51 STEET		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33142	ū	
B. If amending the registered agent and/or registered office:	address on our records, ent	er the name of the new register	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is	

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>	<u>Name</u>	Address	Type of Action
MGRM	BRETT A. JOHNSON	6401 CONGRESS AVE SUITE 230	□Add
		BOCA RATON, FL 33487	Remove
			□Change
MGRM	MCKENZIE JOHNSON	2240 NW 51 STREET	■Add
		MIAMI, FL 33142	□Remove
			□Change
		<u> </u>	□Remove
			□Change
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fective date, if other than to notice the date is listed, the date in this cument's effective date on the	block does not meet the appl	icable statutory filing r	(optional) than 90 days after filing.) P equirements, this date wi	ursuant to 605.0207 (3 II not be listed as th
ecord specifies a delayed effectis filed.	ive date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The S	Oth day after the
ted MAY 15	2020			
Mn	Signature of a member or aut			
	Signature of a member or au	thorized representative of	a member	
	Signature of a memoer of au			

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