L10000021556

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. '	equestor's Name)			
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: .	Registration Section Division of Corporations		
SUBJÈ	JOHN 3:16 LOGISTICS LLC		
	Name of Limited Liability Company		
The end	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please 1	return all correspondence concerning this matter to the following:		
	JORGE D. BONET		
	Name of Person		
JOHN 3:16 LOGISTICS LLC			
	Firm/Company		
	P O BOX 772396		
	Address		
	OCALA, FLORIDA 34477-2396		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For furt	rther information concerning this matter, please call:		
	352 · 454 · 8310 JORGE D. BONET at (801) 473-3454		
	Name of Person at (801) 473-3454 Area Code & Daytime Telephone Number	_	
Enclose	sed is a check for the following amount:		
₹ \$25.	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	f Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

JOHN 3:16 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 FEBRUARY 25th, 2010 and assigned L10000021556 Florida document number __ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

rideni – r <u>'</u> Title	Name	<u>Address</u>	Type of Action
<u>Title</u>			
MGR	JAYLINE CORREA BONE	12862 SW 56th Terrace 0CD LA, FL 34473	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	0
			SECRETARY OF STATE VISION OF CORPORATION 2
Dated S	Signature of a member	r or authorized representative of a member	STATE DRATION
	Jorge Bo	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00