L12000150395

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
: -
·

Office Use Only



000429188700

-7 AH 8: 02

RECEIVED

1 Hours



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENEYGLOBAL.COM

Account# 1200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/06/2024	!
Name: Patrice Rush	
Reference #:	
Entity Name: JBT LOGISTICS GROUP LLC	
☐ Articles of Incorporation/Authorization to Transact Business ✓ Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	AH 8: 02
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other PLEASE PROVIDE CERTIFIED COPY	<u> </u>
Authorized Amount: \$55.00 Signature: Pull	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JBT-JERUE LOGISTICS GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/30/2012 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L12000150395 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: JBT LOGISTICS GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. 10 CREEK BROOK DRIVE Enter new principal offices address, if applicable: HAVERHILL, MA 01832 (Principal office address MUST BE A STREET ADDRESS) 10 CREEK BROOK DRIVE Enter new mailing address, if applicable: HAVERHILL, MA 01832 (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: COGENCY GLOBAL INC. Name of New Registered Agent: 115 N Calhoun St Ste 4 New Registered Office Address: Enter Florida street address Tallahassee 32301 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 \dot{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.

or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action <u>Title</u> Name Costas Flessas MGR 10 Creek Brook Drive ⊡ Add Haverhill, MA 01832 Remove ☐ Change Luis E. Campano 3200 Flightline Drive, Ste 202 MGR □ Add Lakeland, FL 33811 □ Remove ☐ Change Jeffrey J. Jerue MGRM 3200 Flightline Drive, Ste 202 \square Add Lakeland, FL 33811 **□** Remove \Box Change MGRM Joseph P. DiBattista, Jr. 31 Hayward St 🗆 Add Franklin, MA 02038 □ Remove ☐ Change _ Add ∃Add ☐ Remove Change _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

ri amending	any other information, en	iter change(s) here: (Attach additional she	ets, if necessary.)
-			
			<u> </u>
			1
			<u> </u>
			1
			<u> </u>
			262
			1
			ico -
			AM SEE
			8: 03
	 		<u> </u>
			<u> </u>]
Effective date	ffective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi		
Note: If the d	ate inserted in this block doe fective date on the Departme	s not meet the applicable statutory filing require	ements, this date will not be listed as t
	pecifies a delayed effect day after the record is	tive date, but not an effective time, alfiled.	t 12:01 a.m. on the earlier of:
Dated	May 6th		
		/s/ Costas Flessas	
	Signatur	re of a member or authorized representative of a mem	nber II
		Costas Flessas	
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00