

3/4/22, 3:13 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L19000122069**

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(((H220000838603)))



H220000838603ABCS

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## To:

Division of Corporations  
Fax Number : (850)617-6383

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Phone : (305)599-0839  
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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**GAS PRODUCTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAS PRODUCTS 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: 05/10/2019 and assigned  
Florida document number L19000122069

This amendment is submitted to amend the following:

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

GENERAL 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."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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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COUNTY OF ST. JAMES  
FLORIDA

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>         | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------|--|
| AMBR         | JOSE ABREU          | 265 FRESHWATER DR      | <input checked="" type="checkbox"/> Add    |
|              |                     | SAINT JOHNS, FL 32259  | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | MAYLINE MENENDEZ    | 7188 AMBROSIOUS WAY    | <input checked="" type="checkbox"/> Add    |
|              |                     | JACKSONVILLE, FL 32258 | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | NICOLE M. ABREU     | 265 FRESHWATER DR      | <input type="checkbox"/> Add               |
|              |                     | SAINT JOHNS, FL 32259  | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | LIZA M. ABREU       | 265 FRESHWATER DR      | <input type="checkbox"/> Add               |
|              |                     | SAINT JOHNS, FL 32259  | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | KATHERINE N. JIRON  | 265 FRESHWATER DR      | <input type="checkbox"/> Add               |
|              |                     | SAINT JOHNS, FL 32259  | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | JORGE OSCAR SIDORUK | 980 SW 154TH PATH      | <input type="checkbox"/> Add               |
|              |                     | MIAMI, FL 33194        | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

THE MEMBERSHIP UNITS WILL BE DISTRIBUTED AS FOLLOWS:

- JOSE ABREU ----- 51 UNITS

- MAYLINE MENENDEZ----- 49 UNITS

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 01

2022

Signature of a member or authorized representative of a member

JOSE ABREU

Typed or printed name of signee