

L14000106309

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jordan 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:

Phyllis Elam  
Name of Person

Jordan Logistics LLC  
Firm/Company

1800 Cypress Lake Dr, Suite 400  
Address

Orlando, FL 32837  
City/State and Zip Code

pelam@jordanglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Elam at (407) 859-3558  
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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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

JORDAN 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 July 3, 2014 and assigned  
Florida document number L14000106309.

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 contain 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

, Florida

City

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**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**

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	JOHN JORDAN	1800 Cypress Lake Drive	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Orlando, FL 32837	<input type="checkbox"/> Change
AMBR	Global Distribution and Logistics	300 Data Court	<input checked="" type="checkbox"/> Add
		Dubuque, IA 52003	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas M Hullinger, Jr	1800 Cypress Lake Drive	<input type="checkbox"/> Add
		Suite 400	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32837	<input type="checkbox"/> Change
AMBR	John L. Summey	1800 Cypress Lake Drive	<input type="checkbox"/> Add
		Suite 400	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32837	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAY 2 2017  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This image shows a single page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some very faint, small marks that appear to be the numbers "1" and "2". The rest of the page is completely blank except for the lines.

on the earlier of:

**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.

Dated MAY 24, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee