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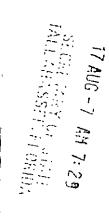
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Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
	LOGISTICS FREIGHT LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	!
	JOSE M ARELLANO		
		Name of Person	
	GLOBAL LOGISTICS FF	REIGHT LLC	
		Firm/Company	
	6610 PICKETT DR		
		Address	
	JACKSONVILLE, FL 322	219	
		City/State and Zip Code	-
	GLFAGENT@GMAIL.CO		
For further information	te-mail address: ( concerning this matter, please c	to be used for future annual report notific	cation)
	concerning this matter, please co	air.	
JOSE M ARELLANO		305 984-9340 at ()	
Name C	of Person	Area Code Daytime	Telephone Numb <b>e</b> r
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GLOBAL LOGISTICS FREIGHT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

mandmant is submitted to amond the following:	
amendment is submitted to amend the following:	
amending name, enter the new name of the limit	ed liability company here:
ew name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:	
<u>cipal office address MUST BE A STREET ADDRI</u>	ESS)
r new mailing address, if applicable:	
ling address MAY BE A POST OFFICE BOX)	
f amending the registered agent and/or registe	ered office address on our records, enter the name of the
f amending the registered agent and/or registered agent and/or the new registered office addressed agent.  Name of New Registered Agent:	
f amending the registered agent and/or registe tered agent and/or the new registered office addre	ess here:
f amending the registered agent and/or registered agent and/or the new registered office addressed agent.  Name of New Registered Agent:	*** here:
f amending the registered agent and/or registered agent and/or the new registered office addressed agent.  Name of New Registered Agent:	Enter Florida street address
f amending the registered agent and/or registered agent and/or the new registered office addressed agent.  Name of New Registered Agent:	Enter Florida street address  Florida  City  Zip Code

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
MGR	OLGA M MORA DE VILLANUE	213 BARTON CREEK DRIVE AP	Add
		CHARLOTTE NC 28262	Remove
			Change
			☐ Remove
			☐ Change
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			Remove
			Change
		-	Remove
			Change
			☐ Remove
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ective date, if other than the date of filing:	(optional);	
n effective date is listed, the date must be specific and cannot be pri	or to date of filing or more than 90 days after filing!) Pursuant	
ite: If the date inserted in this block does not meet the appleument's effective date on the Department of State's record		be listed a
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record specifies a delayed effective date, but r	ot an effective time, at 12:01 a.m. on the	earlier (
The 90th day after the record is filed.	1	
JUNE 1st 2017	ï	
ted JUNE 1st 2017	<u> </u>	
	7	
Signature of a member or au	horized representative of a member	_

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Page 3 of 3

Filing Fee: \$25.00