## K14 000134010

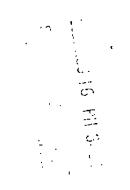
(Requestor's Name)
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8/25/21

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
GLOBAL SUBJECT:	LOGISTICS FREIGHT LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	JOSE MARTIN ARELLA	NO		
		Name of Person		
	GLOBAL LOGISTICS FR	EIGHT LLC		
		Firm/Company		
	6520 WEST 20 AVE SUП	TE 103		
		Address		
	HIALEAH, FL 33016			
		City/State and Zip Code	<del></del>	
	GLFAGENT@GMAIL.CO			
	E-mail address: (	to be used for future annual report no	otification)	
For further information	concerning this matter, please ca	all:		
JOSE MARTIN AREL	LANO	305 984-9340		
Name	of Person	at () Area Code Dayti	me 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)	
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection	
	Corporations	Division of Corporations		
P.O. Box 63	•	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.16 DH 5. St

		. 4.00 10 11 3: 1
GLOBAL LOGISTICS FREIGHT LLC	e ·	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u> </u>
ne Articles of Organization for this Limited Liability Companorida document number £14000134010	y were filed on <u>8126/1</u> 1	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
te new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
		orida Zip Code
	City	zip Coae

## 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>	Type of Action
MGR	OLGA M MORA VILLANUEVA	213 BARTON CREEK AP	□ Add
		CHARLOTTE, NC 28262	■Remove
			□Change
MGR	JOSE M ARELLANO SR	16102 EMERALD ESTATES DR	≅Add
		APT 414	□Remove
		WESTON, FL 33331	□Change
			🗖 Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			∏Change.

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Note: If the date in	other than the date of filing:	5.020 ed a
record specifies a d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
AUGUST 1	1 2021	
Dated		
	le )	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00