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MAY 15 2015

COVER LETTER

Divi	sion of Corpo	orations				
SUBJECT:	AXALCA FR	REIGHT & LOGISTIC SERV	/ICES LLC			
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		Julia Greenberg-Aguilar				
			Name of Person			
		MyUSAcorporation.com				
			Firm/Company			
	1 Radisson Plaza, Suite 800					
			Address			
		New Rochelle, NY 10801				
			City/State and Zip Code			
		herculespoirot33@hotmail.c		.		
		E-mail address: (t	o be used for future annual report notificat	ion)		
For further in	iformation con	cerning this matter, please ca	il:			
Julia Greenb	erg-Aguilar		877 330-2677 at ()			
	Name of F	Person	at () Area Code Daytime Te	lephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling 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)		

TO:

Registration Section

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

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

AXALCA FREIGHT & LOGISTIC SERVICES LLC

ARTICLES	OF AMENDMENT TO OF ORGANIZATION OF S LLC Company as it now appears on our records.) imited Liability Company) many were filed on 04/22/2015 and assigned.
	TO S
ARTICLES O	OF ORGANIZATION
	OF
AXALCA FREIGHT & LOGISTIC SERVICES	SUC
	Company as it now appears on our records.) imited Liability Company)
(A Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on 04/22/2015 and assigned
Florida document number L15000070919	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
GIGLI FREIGHT & LOGISTIC SERVICES LLC	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	(22)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	100 pt 10
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, enter the name of the newess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Marida
 -	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	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 = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Add
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If amending ar	ıy other information, er	nter change(s) here: (Attach additional shee	ets, if necessary.)
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Effective date, If an effective date	if other than the date o	f filing: cific and cannot be prior to date of filing or more than 9	(optional) O days after filing.) Pursuant to 605.0207 (3)
Note: If the dat	te inserted in this block doesetive date on the Departme	es not meet the applicable statutory filing require	ements, this date will not be listed as the
document s enc	cuve date on the Departme	em of state's records.	
he record so:	erifies a delaved effec	tive date, but not an effective time, at	r 12:01 a.m. on the earlier of:
The 90th d	ay after the record is	filed.	
		2015	
Dated April 29	ih,	, 2015	
		Joseph Commission	
	Signati	ire of a member or authorized representative of a mem	aber
	_	1	्रेट्ट जे
Don	iel Rodriguez (Manager)		15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
Dan -			
	•	Typed or printed name of signee	
——————————————————————————————————————	·	Typed or printed name of signee	To the same of the
	·	Typed or printed name of signee Page 3 of 3	95 95 1 F
	·	Page 3 of 3	
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