## L150000 90557

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		STICS LLC		
CODOLC		Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	·
		ARIADNA M. OJEDA		
			Name of Person	, , , , , , , , , , , , , , , , , , ,
		AYUDA CENTER		
			Firm/Company	
		8100 W FLAGLER ST.	SUITE 200	
		***************************************	Address	
		MIAMI, FL 33144		
•			City/State and Zip Code	
•		aojeda@ayudacenter.com		
			to be used for future annual report notif	lication)
For furth	er information c	oncerning this matter, please ca	all:	
ARIADI	NA M. OJEDA		305 971 5232	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

F.	ILED
TALLAHASSE	
MASSE	OF STATE

G G 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 Con Florida document number L15000090553	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
N/A	
The new name must be distinguishable and contain the words "Limite	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8740 NW 97 AVE # 104
(Principal office address MUST BE A STREET ADDRE	DORAL, FL 33178
Enter new mailing address, if applicable:	8740 NW 97 AVE # 104
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33178
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, enter the name of the news
Name of New Registered Agent: N/A	
Name of New Registered Agent.	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
Name of New Registered Agent.	Enter Florida street address , Florida  City Zip Code

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

Title	<u>Name</u>	Address	Type of Action			
AMBR	LUZ L. GOMEZ GIANNONI	8740 NW 97 AVE, # 104	□ Add			
		DORAL, FL 33178	□ Remove			
			■ Change			
MGR	CLEMENTE F. MAGAGNOLI	8740 NW 97 AVE, # 104	□ Add			
		DORAL, FL 33178	□ Remove			
			Change			
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n effective date is li ote: If the date in	other than the date sted, the date must be sp serted in this block d e date on the Departs	pecific and co	annot be prior et the applic	able statutory	g or more than 90 filing requiren	(optional days after filinents, this da	ng.) Pursuant to 60	5.020 ted a
The 90th day a	es a delayed effo after the record i	is filed.					. on the earl	ier (
ted Oct	ober 2nd x NJUG	<u>-</u>	2011 1	<u>o</u> .				
	x Nova	Le Louis	/ <b>.</b> .					

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Filing Fee: \$25.00