## L1500097804

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

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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

JBF CARGO LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number    L15000097804	were filed on <u>06/03/2015</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Commons "the designation "I I C" or	the obbreviotion "L.C."
nter new principal offices address, if applicable:	185 NE 5TH AVE	the appreviation E.E.C.
Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, FL 33441	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		SECRETARY OF STATEMENT OF the Game of the
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zip Code

## 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>	Address	<b>Type of Action</b>
VP	CLAUDIA SCHAFFER	185 NE 5TH AVE	<b>=</b> Add
		DEERFIELD BEACH, FL 33441	Remove
			☐ Change
P	JOSE DE ANCHIETA DA SILVA	11130 MODEL CIRCLE E	Add
		BOCA RATON, FL 33428	□ Remove
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing ) P	ursuant to 605 02
: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. or	the earlier
ne 90th day after the record is filed.		
Navarahar 2		
d November 2 , 2015	/	
(07)	7	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00