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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Trust Logistics LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John F. Eden
Name of Person

Global Trust Logistics LLC
Firm/Company

6575 Grapeview Blvd
Address

Loxahatchee, FL 33470
City/State and Zip Code

jeden@globaltrustlogistics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John F. Eden at (561) 309-2003
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Global Trust Logistics LLC

SECOND: The Florida Document number of the limited liability company is: L15000116894

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Authorized Person Detail should only include John F. Eden. Please remove

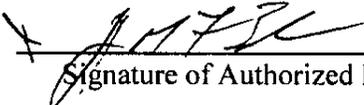
Diane Eden as a MGR of the LLC, Global Trust Logistics.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

7/16/15
Date

15 JUL 23 PM 1:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**