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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	JLGB Logi					
SUBJE	CT:		nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Gerald Garrett				
			Name of Person			
		JLGB Logistics LLC				
			Firm/Company	· 		
		PO Box 953083			芸名 赤	
			Address			
		Lake Mary, FL 32795			1000mm 1100mm 1	
			City/State and Zip Code		+ + * · · · · · · · · · · · · · · · · ·	
		jlgblogistics@gmail.com				Ĺ
For furth	ner information c	E-mail address: oncerning this matter, please c	(to be used for future annual report notificall:	cation)		
Gerald (Garrett		407 486-0074 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

JLGB Logistics LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000002376}{L16000002376}$.	were filed on 01/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1:0 =
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 953083	<u> </u>
	Lake Mary FL 32795	
		इन ग्र
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		s, enter the name of the ne
	·	
New Registered Office Address:	Enter Florida street address	\$
······		orida
	City	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

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Garrett, Jousha E	322 Willowbay Ridge	Add
		Sanford, FL 32771	■ Remove
			Change
MGR	Garrett, LALA	322 Willowbay Ridge	☐ Add
		Sanford, FL 32771	■ Remove
			Change
AMBR	Garrett, Gerald, JR	322 Willowbay Ridge	## ## T
		Sanford Fl 32771	Remove
			Chánge
AP	Garrett, Brielle	322 Willowbay Ridge	Add
		Sanford FL 32771	■ Remove
			Change
MGR	Garrett, Gerald, SR	322 Willowbay Ridge	□ Add
		Sanford FL 32771	Remove
	,		■ Change
			Add
			☐ Remove
			Change

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Filing Fee: \$25.00