L16000120235

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TO: Registration Se t Division of Cor	ction porations		
GF LOGIS SUBJECT:	TICS USA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUSTAVO FREY		
		Name of Person	
	GF LOGISTICS USA, LL	c	
	-	Firm/Company	
	1952 NW 135TH AVE		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33182		
		City/State and Zip Code	
	gfrey@gflogisticsusa.com		
		to be used for future annual report r	notification)
For further information c	oncerning this matter, please ca	all:	
GUSTAVO FREY		305 400-8778	
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 10:57

GF LOGISTICS USA, 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 Company were filed on __06/22/2016 and assigned Florida document number ______L16000120235 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

____, Flo**rida** ____

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>	Name	Address	Type of Action
MGR	GOMEZ, EDLYN	3991 NW 65TH AVE. APT 4	≣ ∧dd
		VIRGINIA GARDENS, FL 33166	□Remove
			□ Change
			□Add
			□Remove
			
			□Remove
			□Change
			□ Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			□ Change

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.							
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Signature of a member or authorized representative of a member	MAY, 6TH	2020	· ,		<i>)</i> ,		
Signature of a member or authorized representative of a member					}		
)		