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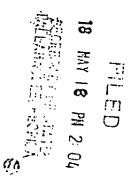
- (Requestor's Name)	
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COVER LETTER

TO: Registration Security Division of Corp			
	ESS LOGISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JORGE LUIS BERREY		
		Name of Person	
	JSB EXPRESS LOGISTIC	IS LLC	
		Firm/Company	
-	2986 S UNIVERSITY DR		
		Address	· · · · · · · · · · · · · · · · · · ·
٠	DAVIE, FL 33328		
		City/State and Zip Code	
	4GLOBALCORP@GMAIL		
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please c	all:	
JORGE LUIS BERREY		954 662-4745 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICR	EXPL	PPR	1	വവ	TOI	ICS.	1.1	10

(Name of the Limi	ted Liability Company as it i (A Florida Limited Liability C	iow appears on our records Company)	<u></u>)
The Articles of Organization for this Limited L Florida document number L16000211382	iability Company were fil	led on 11/17/2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability cor	mpany here:	
The new name must be distinguishable and comain the v	vords "Limited Liability Comp	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	•	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE	BOX)		jā, 55
			इ.स. प्र
			99
B. If amending the registered agent and registered agent and/or the new registered o		dress on our records	, enter the name of the i
Name of New Registered Agent:	JORGE LUIS BERREY		
New Registered Office Address:	2986 S UNIVERSITY I	DR	
		Enter Florida street address	
	DAVIE	Flo	orida 33328 Zip Code

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

Page 1 of 3

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
MBR	JOSE SUAREZ PERDOMO	2986 S UNIVERSITY DR	□ Add
		DAVIE, FL 33328	■ Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
•			Remove
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ote: If the date inserted in th	e must be specific and cannot be prior to date is block does not meet the applicable state Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed as
e record specifies a dela The 90th day after the		effective time, at 12:01 a.m. on the earlier o
MAY 15	2018	
11/2	~1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00