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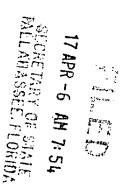
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COVER LETTER

TO:		istration Sec ision of Corp					
CUD	гест.	Grant Way I	Logistics LLC.				
Name of Limited Liability Company							
The e	enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return	all correspor	ndence concerning this matter	to the following:			
			Binali Amirov				
				Name of Person			
			Grant Way Logistics				
				Firm/Company			
		3716 Carmichael Ave.					
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Address			
			Jacksonville Florida 32207	,			
				City/State and Zip Code			
			grantwaylogistics@gmail.co	om to be used for future annual report notif	(action)		
For fi	urther ir	nformation co	ncerning this matter, please ca	-	(Callony		
Ibrag	rim Ami			904 208-1876 at ()			
		Name of	Person	Area Code Daytime	Telephone Number		
Enclo	sed is a	check for the	e following amount:				
= \$	25.00 F	iling 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

Grant Way Logisctics LLC.	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number L17000020150	led on January 25, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	779
	Sign =
	CO AP
nter new mailing address, if applicable:	3 P
Mailing address MAY BE A POST OFFICE BOX)	8 5 6 F
3. If amending the registered agent and/or registered office ad-	dress on our records enter the name of the
egistered agent and/or the new registered office address here:	34
Name of New Registered Agent:	
New Registered Office Address:	
· 	Enter Florida street address
	, Florida
City	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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Binali Amirov		Add
			Remove
		3716 Carmichael Ave. Jacksonville	Change
MGR	Ibragim Amirov		
			Remove
		3716 Carmichael Ave. Jacksonville	€ Change
			Add
			□ Remove
		,	□ Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
ated,	

Page 3 of 3

Filing Fee: \$25.00