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	Requestor's Name)	
(*	, , , , , , , , , , , , , , , , , , ,	
(4	Address)	
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(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
		
(E	Business Entity Name)	
- (0	Document Number)	
Certified Copies	Certificates of	Status
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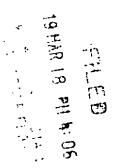
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COVER LETTER

TO: Registration Sec Division of Corp			
	CUT JOOL LLC		
	Name of Limi	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:	
	STEVIE SMITH		
		Name of Person	
		Firm/Company	
	7041 BERNAY AVE		
	JACKSONVILLE FL 3220	Address 95	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report noti	fication)
For further information ec	oncerning this matter, please ca	ill:	
STEVIE SMITH		904 537-1801	
Name of	Person	at () Area Code Daytim	e 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, Ft. 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

DIAMOND CUT JOOL LLC

(Name of the Limited Liability Company as it now appears on our records.)

TO THE PART OF THE	iability Company)				
The Articles of Organization for this Limited Liability Company	were filed on <u>06/01/20</u>	18	and ass	igned	
Florida document number 1.18000063320					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
BASSLINE LOGISTICS LLC				,	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	ion "ELC" or the abbrevi	tion "L.	L.C.	-
Enter new principal offices address, if applicable:			<u> </u>		_
(Principal office address MUST BE A STREET ADDRESS)			دي.		_
		. ,			_
		<u>:</u> ;.	3		,
Enter new mailing address, if applicable:		. •		! [Ŧ]	
(Mailing address MAY BE A POST OFFICE BOX)			.,1-	E	
					-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, <u>enter the</u>	name	of the	<u>new</u>
Nison Dania and O'Gara Addana					
New Registered Office Address:	Enter Florida stre	ret address		<u>-</u>	-
		Elogista			
	City	Florida	p Code		-
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	ties, and I am familer 605 , F.S. Or, if th	iar wit is doct	h and ment is	

If Changing Registered Agent, Signature of New Registered Agent

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
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
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(If an elfe <u>Note:</u> I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
(b) The s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member Stevice Smith Typed or printed name of signee
	Stevie Smith Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00