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SECRETARY OF STAFF

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COVER LETTER,

Division of Co	rporations		
SUBJECT:	JEM LOGISTICS LI	LC	
	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:	
	BEATRIZ H	Name of Person	
		Name of Person	
	YEM LOC	Firm/Company	
		Firm/Company	
	_10831 NW	29 Street Address	
	Doral, FI	33172	
	i .	City/State and Zip Code	
	E-mail address:	33172 City/State and Zip Code Upgla. Com To be used for future annual report notif	ication)
For further information c	concerning this matter, please ca		
Boson II	- > 4 (/ 0	20- 202	
BEATUZ HIDALGO Name of Person		at (DOS) 9/8-14 Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
24.5.17	IVC ADDDESS.	CTDEET/COUD	ED ANNDESS.

MAILING ADDRESS:

TO:

Registration Section

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YEM	LOGISTICS LLC	
(<u>Name of the Limited</u>	LOGISTICS LUC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on April 26, 2018 a	und assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbrevial	tion "L.L.C."
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET		SECR
Fatou nou moiling address if applicable.		FARE COR
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE B	<u> </u>	- <u>47</u>
B. If amending the registered agent and/oregistered agent and/or the new registered offi		·
Name of New Registered Agent:	PINA Accounting Services	
New Registered Office Address:	PINA Accounting Services 405 EAST 41 Street Suite 1 (CE Enter Florida street address	D)
	Hialeah Florida 3301	
New Registered Agent's Signature, if changing Re	egistered Agent:	
provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further agree to r and complete performance of my duties, and I am famili vered agent as provided for in Chapter 605, F.S. Or, if this	ar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
AMBR	MANUEL A DE MARTINEZ	10831 NW 29 Street	
		Doral, F1 33172	∠ Remove
•			Change
MGR_	BEATRIZ HIDALGO	10831 NW 39 Steet	
		Doral, Fl 33172	Remove
			Change
AMBR	EMANUELE I DE MARTIN	10831 NW 29 Street	_X Add
		Doral Fl 33172	Remove
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	e date, if other than the date of filing: \(\superscript{\infty} \cdot \superscript{\infty} \left \(\frac{19}{2018} \) (optional)		
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Filing Fee: \$25.00