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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | stration Sec sion of Corp | | | 8 | | |
|-------------------|------------------------------|--|---|---|--|--|
| SHD IEZT. | J.V.L.ADVA | ANCE LOGISTIC LLC | , | | | |
| SUBJECT: <u> </u> | | Name of Lim | ited Liability Company | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspon | dence concerning this matter | to the following: | | | |
| | | JESUS M. MORALES RI | VERA | | | |
| | Name of Person | | | | | |
| | | J.V.L.ADVANCE LOGIS | TIC LLC | | | |
| | Firm/Company | | | | | |
| | 2806 VIA LARGO CT. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | City/State and Zip Code | | | |
| | | JVLADVANCELOGICTIC | 'S@YAHOO.COM to be used for future annual report not | Martin | | |
| For further int | formation cor | ncerning this matter, please c | • | | | |
| EVELYN AI | LVARADO | | 407 486-5028 | | | |
| | Name of I | Person | at ()Area Code Daytin | ne Telepiione Number | | |
| Enclosed is a | check for the | following amount: | | | | |
| □ \$25,00 Fi | ling Fee | ■ \$30 00 Filing Fee & Certificate of Starus | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | ing Address: istration Se | | <u>Street Address:</u> Registration Se | ection | | |
| Divi | ision of Co | rporations | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | J.V.L.ADVANCE LOGISTIC LEC | |
|--|--|--|
| (<u>Name of the Lir</u> | nited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited florida document number $\frac{1.18000199062}{1}$ | Liability Company were filed on 10/1/20 | and assigned |
| This amendment is submitted to amend the fe | illowing. | |
| A. If amending name, enter the new name | of the limited liability company here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | licable: | |
| Principal office address MUST BE A STRE | EET ADDRESS) | |
| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | E BOX) | |
| If amending the registered agent and/or gent and/or the new registered office addr | registered office address on our record | 2022 |
| Name of New Registered Agent: | EVELYN ALVARADO | T) 00 Ti |
| New Registered Office Address: | 110 MERIWOOD DR. | 20 F 1 |
| | Enter Florida st. | reet address |
| | KISSIMMEE FL. | , Florida 34743 |
| | 1 1115 | . (m(a.t. |

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 hability company has been notified in writing of this change.

If Changing Registered Gent, 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-----------------|---------------------------------------|----------------|
| CFO | EVELYN ALVARADO | 110 MERRIWOOD DR. KISSIMMEE FL. 34743 | ≡ Add |
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| an et ote: | ive date, if other than the date of filing: 9/27/2022 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records. |
| ecoi is fi | d 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 led |
| ated | October 1. 2022 |
| | Life of Alice Sta |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member EVELYN ALVARADO |

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Filing Fee: \$25.00