118000266359

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
,	,	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500374341775

10/14/21--01006--010 **25.00





COVER LETTER

TO: Registration Se Division of Cor			
JIP Orlando	o LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ricardo Rivera Salicrup		
		Name of Person	
	Orlando Du	MPSTER Logistics	: LLC
		Firm/Company	2021 S.E.G
	943 Mozart Dr		
		Address	
	Orlando, FL 32825		2021 OCT 14 PM 2: 05 SEGRETARY OF STATE TALLIMHASSEE, FL
		City/State and Zip Code	<u> </u>
	angela@junkitplus.com		
For further information c	e-mail address: (to be used for future annual report noti all:	nication)
Angela Rivera Salicrup		352 214-3287	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of T	
Tallahassee,	r L 32314	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIP Orlando LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/14/2018}{2}$ and assigned Florida document number $\frac{1.18000266359}{1.18000266359}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: -Ogistics LI The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 943 Mozart Dr Enter new mailing address, if applicable: Orlando, FL 32825 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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, 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change Change
			ASSET PM Remove
			' ☐ S □Change
			□ Add
			□Remove
			Change
			
		- -	□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change

			
	18 ·- ·		
	97. 938	θ2	
		- CT	
	<u>~~~</u>	F	Z;
	TART OF AHASSE	3 1	Ì
	:''·co	<u>2</u> 0	ļ
	TAIE	05	
	<u> </u>		
ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.	(optional)	Duranant to 605	: 02/
If the date inserted in this block does not meet the applicable statutory filing require	ments, this date w	vill not be liste	ed a
nent's effective date on the Department of State's records.			
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rlier of: (b) The	90th day after	r th
led.		•	
October 11th 2021.			
Signature of a member or authorized representative of a mem	ber		

Filing Fee: \$25.00