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COVER LETTER

	ustration Sec ision of Corp		•	201
SUBJECT:	JMF LOGIS	STICS LLC		
SUBJECT		Name of Lim	ited Liability Company	The American Control of the Control
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DEANGELO A JACKSON	N.	
			Name of Person	
		JMF LOGISTICS LLC		
		·	Firm/Company	
		109 OVEROAKS PL		
			Address	
		SANFORD, FL 32771		
		deangeloajackson@gmail.e	City/State and Zip Code	
			to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please c	all:	
DEANGEL	O A JACKSO	NC	816 799-1557	
	Name of	Person		me Telephone Number
Enclosed is	check for th	e following amount:		
■ \$25.00 F	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, 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**

ARTICLE	ES OF AMENDMENT	
ARTICLES	TO S OF ORGANIZATION OF	
JMF LOGISTICS LLC		
	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000055745	Company were filed on 02/26/2019 and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	aited liability company here:	
The new paper must be distinguishable and contain the words "I in	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
•	med diability company, the designation (i.e. of the above various (i.e. c.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RFCS)	
Trincipal office address 14 con 152 1 con 152		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	stered office address on our records, enter the name of the new	
registered agent and/or the new registered office add	<u>Iress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and igent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability	
	If Changing Registered Agent, Signature of New Registered Agent	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR DEANGELO A JACKSON	109 OVEROAKS PL SANFORD, FL 32771	■ Add	
			Remove
			□ Change
			Add
			Remove
			Change
		.	Remove
			☐ Change
	<u></u>		
			Remove
		-	Change
			□ Add
			☐ Remove
			Change
			
		□ Remove	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated
DEANGELO A JACKSON

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00