L19000148960

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COVER LETTER

TO:	Registration Division of C			
SUBJE	J&YUS	SA LOGISTIC LLC		
оовут.		Name of Lin	nited Liability Company	
	•			
The end	closed Articles	of Amendment and fee(s) are sub	bmitted for filing.	
Please 1	return all corres	pondence concerning this matter	to the following:	
		YULIESKY VALDEZ M	IRABAL	
			Name of Person	
		J & Y USA LOGISTIC L	LC	
			Firm/Company	
		411 SE 16TH AVE	, ,	
			Address	
		HOMESTEAD, FL 33033		
		YULITOV 1985@GMAIL.	City/State and Zip Code	_
		E-mail address; (to be used for future annual report noti	fication)
For furtl	her information	concerning this matter, please c	all:	
YULIE	SKY VALDEZ	MIRABAL	786 650-5529	
	Name	of Person		e Telephone Number
Enclosed	d is a check for	the 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, 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**

J & Y USA LOGISTIC LLC			
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited	Liability Company	were filed on 06/05/2019	and assigned
Florida document number L19000148960			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	EET ADDRESS)	N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
		N/A 	严约 201
B. If amending the registered agent and	d/or registered of	ffice address on our re	ecords, enter the name of the ne
registered agent and/or the new registered of	OHICE Address her	<u>e</u> :	
Name of New Registered Agent:	10/4		The C'
New Registered Office Address:	N/A		
		Enter Florida street	address
	N/A		, Florida
		City	Zip Code

ustered 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

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ISLAINE PLASENCIA	411 SE 16TH AVE	<u> </u>
————		HOMESTED, FL 33033	= Add
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			Change
N/A 			
			Remove
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N/A			
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ctive date, if other th	an the date of	N/A filing:		<u> </u>	(optional)	
effective date is listed, the e: If the date inserted in	date must be specif this block does	not meet the a	prior to date o pplicable stat	filling or more tha utory filing requ	n 90 days after filin irements, this dat	g.) Pursua e will no	ant to 605.02 of be listed :
ument's effective date o	n the Departmen	t of State's rec	ords.				
record specifies a d he 90th day after t	elayed effecti he record is fi	ive date, bu iled.	it not an ef	fective time,	at 12:01 a.m.	on th	e earlier
ed <u>06/22</u>		2019					
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