

From: Robert Fanjul  
9/27/2019

Fax: 18776036056

To:

Fax: (850) 617-6380  
Division of Corporations

Page: 1 of 4

10/01/2019 10:44 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : FANJUL ENTERPRISES LLC  
Account Number : I281900000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

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RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ADAMARC GLOBAL LOGISTICS LLC

|                       |         |
|-----------------------|---------|
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| Certified Copy        | 0       |
| Page Count            | 01      |
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAMARC GLOBAL LOGISTICS 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 09/13/2019 and assigned  
Florida document number L19000225402.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(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*

*Florida*

*Zip Code*

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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                     | <u>Type of Action</u>                   |
|--------------|-------------------|------------------------------------|---|
| AMBR         | JANNETH J SALERNO | 1720 CLEVELAND STREET<br>APT 208-E | <input checked="" type="checkbox"/> Add |
|              |                   | HOLLYWOOD, FL 33020                | <input type="checkbox"/> Remove         |
|              |                   |                                    | <input type="checkbox"/> Change         |
|              |                   |                                    | <input type="checkbox"/> Add            |
|              |                   |                                    | <input type="checkbox"/> Remove         |
|              |                   |                                    | <input type="checkbox"/> Change         |
|              |                   |                                    | <input type="checkbox"/> Add            |
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|              |                   |                                    | <input type="checkbox"/> Change         |
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|              |                   |                                    | <input type="checkbox"/> Add            |
|              |                   |                                    | <input type="checkbox"/> Remove         |
|              |                   |                                    | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2019 OCT 11 03:46:05

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 26 2019

Marcu  
Signature of a member or authorized representative of a member

ADRIAN MARCU

Typed or printed name of signer