# 119000277732

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#### **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT:		DOJSHUS LLL nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	<u>ე∞</u> ∈	Serrano Name of Person	
		Firm/Company	
		Firm/Company  W 80 St Apt 214  Address	
		Italeah Fl 33018 City/State and Zip Code	
		to be used for future annual report notification)	
For further information o	oncerning this matter, please co	all:	
Name o	//ano f Person	at (71%) 656 1788  Area Code Daytime Telephone Number	ling Fee, te of Status & Copy copy is enclosed)
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status & Copy
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I & J Logistics	LLC		<u> </u>	_
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears oility Company)	on our records.)		
he Articles of Organization for this Limited Liability Company we lorida document number <u>L1900277732</u> .	ere filed on	11/1/2019	and	assigned
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liabilit	y company her	<u>·e</u> :		
		TION 4	11 72	nl 1 (2 "
he new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or the	e abbreviation	i "L.L.C.
nter new principal offices address, if applicable:	. <u> </u>	<del></del>		`
Principal office address MUST BE A STREET ADDRESS)				
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			2 N	
nter new mailing address, if applicable:				רד
Mailing address MAY BE A POST OFFICE BOX)				
Mauing address MAT BE A POST OFFICE BOX			- J	
<del>-</del>			- N	
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our red	cords, <u>enter the n</u>	ame of the	new regist
Name of New Registered Agent:	<del></del>			-
New Registered Office Address:	P. C. Cl.	da street address		
	r,nter r torio	uu sireei aaaress		
		, Florida		
	City		Zip Ce	xae

#### 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>	Address	Type of Action
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an effective date is	s listed, the date mus inserted in this bl	i de specific ai	ia cannot be pr	ior to date or m	ing or more than t ory filing require	00 days after ements, this	filing.) P s date wi	ursuant te 11 not be	o 605.02 : listed
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