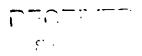
LZ0 000052Z1Z

(Red	questor's Name)	
(Add	dress)	
(,	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u> </u>	_	
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Cortified Copies	Cortificator	of Status
Certified Copies	. Centificates	o or Status
Special Instructions to F	Filing Officer:	
,	J	
		ĺ
L		

Office Use Only



200350379592



09/09/20--01012--030 *+25.00

RECEIVED SEP 0 8 2020

228 ST 1-2 FT 4:42

OCT 16 2020

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:		LOGISTICS, LLC	· .	•	
Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		David Cobb III			
Name of Person					
	IKEMBA LOGISTICS, LLC				
	Firm/Company				
		6501 ARLINGTON EXPRESSWAY B1052027			
		Address			
		JACKSONVILLE, FL 32211			
			City/State and Zip Code		
		businessfunding()4@gmail.			
		E-mail address; (to be used for future annual report no	tification)	
or further i	nformation c	oncerning this matter, please c	all:		
David Cobb	•		904 800-6779 at ()		
	Name o	f Person	Area Code Daytir	me Telephone Number	
nclosed is	a check for th	ne 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		Street Address: Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKEMBA LOGISTICS, LLC

= 618 = 7 Fill 4:42

(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 02/14/20)20	and assigned
Florida document number 1.20000052212			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abb	reviation "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)	<u> </u>		
Maung duaress MAT BE AT OST OFFICE BOX			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	is, enter the name	of the new registered
New Registered Office Address.	Enter Florida str	eet address	
		, Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ing filed to merely reflect a change in the registered office mpany has been notified in writing of this change.	e performance of my d provided for in Chapt	luties, and I am fa er 605, F.S. Or, ij	miliar with and f this document is
	nging Registered Agent, Si	ignature of New Regi	stered 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 - 43\$7	Production Type of Action
AMBR	Correy P. Johnson	1333 Dunn Ave. Apt. 1302	□Add
		Jacksonville, FL 32218	Remove
			□Change
			□Remove
			□Change
	 		
			□Remove
			□Change
		- VIII - V - VIII - V - V - V - V - V -	□Add
		 	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 09/02/2020
(If an effective date is listed, the date must be accepted.) 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. I 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 ecord is filed. Dated ___ 2020 Signature of a member or authorized representative of a member David Cobb III Typed or printed name of signee

DU P CARA