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COVER LETTER

Div	ision of Corpo	orations		
cimiect.	Air Gordon T	rucking & Logistics		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Jermaine Gordon		
			Name of Person	
		Air Gordon Trucking & Lo	ogistics	
Firm/Company				
9285 SW 41 STAPT 208				
Address				
		MIRAMAR, FL 33025		
			City/State and Zip Code	
		young24maine@me.com		
			to be used for future annual report not	nncation)
For further in	nformation cor	acerning this matter, please ca	all:	
Jermaine Go	ordon		305 502-2994 at ()	
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$2 5.00 I	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)
<u>Ma</u>	iling Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	•	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on 04/24/2020		_ and assigned
Florida document number L20000111677	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne <u>limited liab</u>	ility company here:		
N/A				
he new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation '	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	łe:	N/A	***	=
Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
			 	3
Enter new mailing address, if applicable:		N/A	· · ·	- Γ. Γ. ω
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			,
 If amending the registered agent and/or registered office address is 		address on our records, <u>er</u>	nter the name o	f the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
- 		Enter Florida street a	ddress	
			, Florida	
		Citv		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ADD CONDON TRUCKING & LOCIETICS LLC

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 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
MGR	Malika Myland	9285 sw 41 st apt 208 Miramar FL 33025	☐Add
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			□ Add
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ctive date, if other than the date of filing:	(optional)	D
effective date is listed, the date must be specific and cannot be prior to date of filing : If the date inserted in this block does not meet the applicable statutory:	or more than 90 days after ning.)	will not be listed
ment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	.m. on the earlier of: (b) The	e 90th day after t
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Signature of a member or authorized represent	ative of a member	
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