# L20000227411

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE TO THE PROPERTY OF STATE OF THE PROPERTY OF THE PRO

October 7, 2020

JEROME CATCHINGS 7591 W HWY 98 3C PENSACOLA, FL 32506

SUBJECT: JC. LOGISTIES, LLC Ref. Number: L20000227411

We have received your document for JC. LOGISTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000038174.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00019525

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

#### **COVER LETTER**

ГO:	Registration Se Division of Cor		•	
SUBJE	ест:	C Logistic	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease	return all correspo	ndence concerning this matter	to the following:	
		Jermone	CA tchings Name of Person	
		J.C Lo	Sistics LLC Firm/Company	
			/ 99.3C per	<u> </u>
		Penscoln F1	3 J. 50 6 City/State and Zip Code	
		in for One E-mail address: (	way logistics. me to be used for future annual report notif	fication)
r fur	ther information c	oncerning this matter, please ca	all:	
3	ermunt (	A-chines f Person	at ( <u>850</u> ) <u>898</u> Area Code Daytime	<i>D   9 0</i> e Telephone Number
close	ed is a check for th	ne following amount:		
\$25	5.00 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 ARTICLES OF ORGANIZATION **OF**

	LLC 2.200 15 Fil 5: 99
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on July 30 2020 and assigned
Florida document number <u>L200002274//</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	J CATCH Logistics LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1800 Pembrook DR Svite 300
(Principal office address MUST BE A STREET ADDRESS)	Orlando, F/ 32810
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7591 W HNY 98 36
	Pensuly K1 72506
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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 2200 10 Pil 5: 09	Type of Action
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			Remove
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lf an ef <u>Note:</u>	ive date, if other than the date of filing: S. 15.20 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Cot Ban-

Page 3 of 3

Filing Fee: \$25.00