Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEC LOGISTICS SOLUTIONS LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | JEC LOGISTICS SOLUTIONS LI | LC | | |
|----------|--|---|--|--------------------------------------|
| | (Name of the Limi | ted Liability Company (A Florida Limited Lia | as it now appears on our reco- | rds.) |
| | ticles of Organization for this Limited L document number <u>L21000005835</u> | | | and assigned |
| This an | endment is submitted to amend the foil | owing: | | |
| A, If a | mending name, <u>enter the new name o</u> | f the limited liabilit | y company here: | c. |
| The new | name must be distinguishable and contain the w | ords "Limited Linbility | Company " the designation "I I | |
| | ew principal offices address, if applic | | Company, the designation LL | C" or the abbreviation TLC WILD CORE |
| (Princij | eal office address MUST BE A STREE | T ADDRESS) | | 26 287 |
| Enter n | ew mailing address, if applicable: | _ | | AH IO: 17 |
| (Mailin) | address MAY BE A POST OFFICE | 80X) | | |
| B. If an | nending the registered agent and/or re id/or the new registered office addres | egistered office add s here: | ress on our records, enter | the name of the new register |
| | Name of New Registered Agent: | JEC Solutions, LLC | | |
| | New Registered Office Address: | 12717 W SUNRISI | EBLVD., SUITE 192 Enter Florida street addres | |
| | | | | |
| | | SUNRISE | City, FI | orida (33323 |
| New Reg | istered Acent's Signature, If changing R | egistered Agent: | ~, | Zlp Cnde |

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-Jason M. Shavelson, Manager of JEC Solutions,

LLC

_____ □Remove

08/28/2021 8:12AN FAX 8546414192 BLACKSTONE LEGAL SUPPLIE Ø10003/0004 H21000319863
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: AMBR = Authorized Member Title Name <u>Address</u> Type of Action MOR | JASON M. SHAVELSON SUNRISE, FL 33323 UN _____ =Romove _____ OChange AMBR JEC Solutions, LLC 12717 W SUNRISE BLVD., SUITE 192 BAdd SUNRISE, FL 33323 _ 🗆 Remove _____ □Change _______ DAdd _____ DRemove _____ Change _____ Change _____ □∧dd _____ DRemove _____ Change

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