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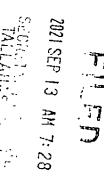
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n BRUCE SEP 22 2021

COVER LETTER

Division of Corpo	rations				
SUBJECT: AY	Found the Glob Name of Lim	e logistics, LLC ited Liability Company			
The enclosed Articles of An	nendment and fec(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		1 L Fricus Name of Person			
	Around the	Globe Logistics,)-	<u>.1-C</u>		
	3545 NW	115 Ave Address			
	Doral	FL 33178 City/State and Zip Code			
		of istice grade. co		S 2	
For further information cond			cation)	021 SEP FALLA	Ť
Jean L.	Fricis	at (<u>201</u>) <u>282-1</u> Area Code Daytime	PPFE	<u> </u>	,e
		Area Code Daytime	Telephone Number	2021 SEP 13 AM 7: 28 SECTABLE AT A SECTION A	7 T
Enclosed is a check for the t					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		U \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py	
Mailing Address:		Street Address:			

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Atourd the Globe	ty Company as it now appears on our reco	ords.)
(A Florida	Limited Liability Company)	_
The Articles of Organization for this Limited Liability C Florida document number <u>L2100047333</u>		and assigned
This amendment is submitted to amend the following:	document number	
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 SEQ
(Principal office address MUST BE A STREET ADDR	(ESS)	E SE T
	ffice address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		13 29
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	City .	Florida Zip Code
	Cuiv	гір Соае

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jean L. Frias	3545 NW 115AVC	_ ∐Add
		boral Fl 3.3.178	_
			_XiChange
AMBR	Joel D. Garcia	3545 DW 115 Ave	_ ∐Add
		boral, FZ 33178	_ □Remove
			Change
			_ ⊔Add
		<u> </u>	Remove Remove 13 Company 14 Company 15 Company 16 Company 17 Remove
			_ Commigne 7
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	codate on minig of more		ing.) Pursua	
e record specifies a delayed effective date, but not an effective tiner of is filed.	ne, at 12:01 a.m. on	the earlier of; (b)	The 90th o	day after th
Dated August 31 . 2021 Signature of a member or butcher	_ ·			
Λ_{Λ}	Ġ			
Signature of a member or author	rized representative of	a member		

Filing Fee: \$25.00