L21000076095

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COVER LETTER

TO:

Registration Section

Division of	f Corporations		
	PRESS LOGISTICS LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	KERRITH JAMES		
		Name of Person	
	KJ EXPRESS LOGISTIC	CS LLC	
		Firm/Company	
	20701 NW 17TH AVE,	APT 103	
	-	Address	
	MIAMI GARDENS, FL	. 33056	
		City/State and Zip Code	
	KJEXPRESSLOGISTICS E-mail address:	@GMAIL.COM (to be used for future annual report notification)	cation)
For further informat	ion concerning this matter, please	•	·
KERRITH JAMES		954 817-0953	
Na	nne of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		1 HAR
□ \$25.00 Filing Fe	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration Sect	tion
_	of Corporations	Division of Corp The Centre of Ta	orations
	ee, FL 32314	2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no	w appears on our records \	<u>-</u>
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L21000076095</u>	d on FEBRAURY 15, 2021	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbrevia	tion "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)		-73%
	<u></u>	,
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, <u>enter the name of t</u>	he new regis
agent and/or the new registered office address here.	. 	D
	. 29	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
1	Enter Florida street address	
	. Florida	

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

VI CHENCOUL COLOTICOLLO

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.

City

Zip Code

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
AMBR	KERRITH C JAMES	20701 NW 17TH AVE, APT 103. MIAMI GARD	ENS ■Add
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			□Remove
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ective date, if other than the date offective date is listed, the date must be s	pecific and cannot be pri	or to date of filing or m		
te: If the date inserted in this block of the transfer of the Depart of			g requirements, this date	will not be listed a
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cord specifies a delayed effective date	e, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) The	e 90th day after the
s filed.				
0-21 2-11				
1cd 2-27-2021 Sign:	· -	 -		

Typed or printed name of signee