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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations OJJ LOGISTICS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Jorge Name of Person OUTLOGISTICS LLC Firm/Company 3305 W IDLEWILD AVE Address TAMPA, FL, 33614 City/State and Zip Code OJILOGISTICSLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 2105947 Jennifer Jorge Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OJJ LOGISTICS LLC			
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on 3/3/21	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	· 122	
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		5. 5	
Enter new mailing address, if applicable:		至	
Mailing address MAY BE A POST OFFICE BOX)		ਰ	
		60 F	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	

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>	<u>Address</u>	Type of Action
MGR	Jennifer Jorge	3305 W IDLEWILD AVE, TAMPA, FL. 33614	≡ Add
			□Remove
			□Change
MGR	Consuelo Peraza Avila	841 E 10 PL, HIALEAH, FL 33010	🗀 Add
			≣ Remove
			Change
			<u> 国</u> Add コ
			Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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ctive date, if other than t effective date is listed, the date i	nust be specific and cannot	be prior to date of f	iling or more than 90	(optional days after filin	t) g.) Pursu	ant to 605.026
e: If the date inserted in this	block does not meet th	e applicable statut	ory filing requiren	nents, this dat	e will n	ot be listed a
ament's effective date on the	Department of State's	records.				
ord specifies a delayed effect filed.	tive date, but not an eff	ective time, at 12:	01 a.m. on the earl	lier of: (b) = l	he 90th	day after th
	24.2					
10, June ed	202	1				
-VI	·	· ·				
	Signature of a member	or authorized repre	esentative of a memb	er		