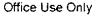
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(Document Number)
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COVER LETTER

US. GOVERNMENT LOGISTIC 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: JESUS ENRIQUE OLIVERA Name of Person US, GOVERNMENT LOGISTIC LLC Firm/Company 2125 NW 126 ST Address MIAMI, FL 33167 City/State and Zip Code usgovermentlogistic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 615-0105 JESUS ENRIQUE OLIVERA Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$60.00** Filing Fee. □ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & □ \$25.00 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

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

Registration Section

Division of Corporations

TO:

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

US, GOVERNMENT LOGISTIC LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com-		and assigned
Florida document number 1.21000104626		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	are the second s	of the new year
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the hi	
agent and/or the new regarded witter was to see		2021 AUG 3
		100
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		- : : · · · · · · · · · · · · · · · · ·
	Enter Florida street address	75 · 75 · 75
	Florida	<u> </u>
	City	Zip Cod

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 will 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CARLOS A. GARMENDIA FERR	1128 W 51 ST PL HIALEAH FL 33012	\alpha Add
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Note: If t	date, if other than the da ve date is listed, the date must be the date inserted in this block 's effective date on the Depa	specific and cannot be prior to date of fill does not meet the applicable statuto	ng or more than 90 days after filing requirements, this day	ig.) Pursuant to 605.020
If the record sprecord is filed.	pecifies a delayed effective da	ate, but not an effective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after th
Dated	AUGUST 23	2021		
		Min	~/ ·	
	Sig	nature of a member or authorized repres	entative of a member	
	JESUS ENRIQUE OLIVE			<u> </u>
		Typed or printed name of s	ignee	

Filing Fee: \$25.00