

10/1/21, 4:07 PM

Division of Corporations

L21000316878

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

2021 OCT -4 AM 9:25

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 OCT -4 AM 10:17

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GMENTIONS LOGISTICS L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

OCT 05 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GMENTIONS LOGISTICS L.L.C.**

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

golangi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>  | <u>Type of Action</u>                      |
|--------------|-------------------------|---|--|
| AMBR         | JENKINS, GOLANGIA A. II | 101 Clyde Morris Blvd, #150<br>Ormond Beach, FL 32174 | <input type="checkbox"/> Add               |
|              |                         |   | <input type="checkbox"/> Remove            |
|              |                         |   | <input checked="" type="checkbox"/> Change |
|              |                         |   | <input type="checkbox"/> Add               |
|              |                         |   | <input type="checkbox"/> Remove            |
|              |                         |   | <input type="checkbox"/> Change            |
|              |                         |   | <input type="checkbox"/> Add               |
|              |                         |   | <input type="checkbox"/> Remove            |
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|              |                         |   | <input type="checkbox"/> Change            |

