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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
CUDIECT.	JBenson Lo	ogistics, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Paulette Walker		
			Name of Limited Liability Company Iment and fee(s) are submitted for filing. concerning this matter to the following: alette Walker Name of Person enson Logistics, LLC Firm/Company D Box 5464 Address ksonville, Florida 32247 City/State and Zip Code sonlle@yahoo.com E-mail address: (to be used for future annual report notification) ng this matter, please call:	
		JBenson Logistics, LLC		
			Firm/Company	
		P O Box 5464		
		-	Address	
	Address Jacksonville, Florida 32247 City/State and Zip Code jbensonlle@yahoo.com			
			City/State and Zip Code	<u> </u>
			to be used for future annual report no	stification)
For further in	formation c			,
Paulette Wal	ker		904 881-9584	
	Name of	f Person		me Telephone Number
			ŕ	·
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Reg Div P.O	ling Address distration S dision of Co display Box 632 dhassee, F	Section orporations 7	Registration So Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our records.) d Liability Company)		
y were filed on August 2, 2021	and assigned	
bility company here:		
bility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
1905 Promenade Way		
Apt 3216	-	
Jacksonville, FL 32207		
e address on our records, <u>enter the n</u>	ame of the new regist	
alker		
	3	
, Florida	32207	
City t:	Zip Code?	
	Apt 3216 Jacksonville, FL 32207 e address on our records, enter the n alker ade Way Apt 3216 Enter Florida street address , Florida City	

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>	Address	Type of Action
MGR	Michael G. L. Jones, II	6371 Collins Rd, apt 116	
		Jacksonville, FL 32244	■Remove
			□Change
AMBR M	Michael G. L. Jones, II	6371 Collins Rd Apt 116	≡ Add
		Jacksonville, FL 32244	□ Remove
			□Change
MGR.	Paulette E. Walker 1905 Promenade Way, Apt 32	1905 Promenade Way, Apt 3216	≣ Add
		Jacksonville, FL 32207	□ Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change

Paulette E Walker						
						
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ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific a is block does not	nd cannot be pri meet the appl	icable statutor	g or more than 90 y filing requirem	(optional) days after filing.) F lents, this date w	ursuant to 605.020 ill not be listed a
cord specifies a delayed effe s filed.	ctive date, but no	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The 9	90th day after the
August 21		2021				
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	10hr	/	^	tative of a membe		