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COVER LETTER

TO:

Registration Section
Division of Corporations

KNJ Logist SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Karen Nagassar		
		Name of Person	
	KNJ Logistics, LLC		
		Firm/Company	
	420 Breakwater Drive, Un	it 21	
		Address	
	Merritt Island, FL 32952		
		City/State and Zip Code	
	karennaki l@yahoo.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ali:	
Karen Nagassar		321 431-9292 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNJ Logistics, LLC				
(Name of the Limited	Liability Compa V Florida Limited I	ny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000441301</u>	bility Company	were filed on 10/08/202	I	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applical	ble:	420 Breakwater Drive		
(Principal office address MUST BE A STREET ADDRESS)		Unit 21		
		Merritt Island, FL 32952		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a		, enter the name	of the new registere
Name of New Registered Agent:				
New Registered Office Address:	13403 Greenpo	inte Drive Enter Florida stree	et address . []	2921
	Orlando		, Florida 3282	DEC
		City		Zip Gode W
New Registered Agent's Signature, if changing Re	gistered Agent:			A J
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company	· and complete ered agent as p gistered office	performance of my du provided for in Chapte.	ties, and I am far r 605, F.S. Or.其	nili <mark>ä</mark> r with and thi s d ocument is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karen Nagassar	420 Breakwater Drive, Unit 21, Merritt Island, FL 32	95 ≣ Add
			□Remove
			□Change
AMBR	Karen Nagassar	420 Breakwater Drive, Unit 21, Merritt Island, FL 32	:9 : ≣ Add
			□Remove
			□Change
AMBR	Jacquelynne E. Pena		□Add
		13403 Greenpointe Drive, Orlando, FL 32824	=Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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17.00	
Note: If t	date, if other than the date of filing:
ord is filed.	
Dated	December 9. 2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	KARELI NACASSAR
	KAREH NAGASSAR. Typed or printed name of signee