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COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	сст: <u>ВО</u>	Name of Lim	T L	ogistic	s Lic	
The en	closed Articles of Am	nendment and fee(s) are sub	omitted for filing			
Please	return all corresponde	ence concerning this matter	to the following	:		
		Veli	Sha Name of P	Dalla erson Logis	as	
		Buss	LADI	Logis	tics LLC	
			Firm/Com	pany		
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	-	Velisha.	Da la (to be used for futt	Zip Code Sut A ire annual report notifica	Ol. COM	
For fur	ther information conc	erning this matter, please c	all:			
\	Velisha Name of Pe		at (3) 2/50 Daytime T	-8397	_
Enclos	ed is a check for the f	following amount:				
□ S2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
	•					
	Mailing Address: Registration Sec	rtion		Street Address: Registration Section	on	
	Division of Com			Division of Corno		

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

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	FILED
BOSS Lad (Name of the Limited L.	iability Company as it now lorida Limited Liability Cor	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed	118/46 10 40 4
This amendment is submitted to amend the followir	ıg:	
A. If amending name, enter the new name of the	JOVES LL	C
Enter new principal offices address, if applicable	: <u> </u>	VIA
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address or ere:	our records, enter the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	E	nter 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 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
AMBR	RICKKITIA Mann	8651 NAVAJO AVEN TEMPLE TELLACE, FL 33437	NUR DEAdd
			□ Remove
			□ Change
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			□Remove

\mathcal{L}	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
f an effecti	date, if other than the date of filing: 1-30-20 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements.
document	's effective date on the Department of State's records.
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	A Summer of a management of a method