K22000011179

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Entry Hame)
(Document Number)
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T. MATTHEWS

FEB - 1 2022

COVER LETTER

	egistration Se- ivision of Corp			₹
SUBJECT		Logistics LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Jeffrey Orejuela		
			Name of Person	
		USA Global Logistics LLC	<u>.</u>	
			Firm/Company	
100 Kings Point Dr Apt 1102				
Address				
		Sunny Isles Beach FL 331	60	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Jeffrey Oro	ejuela		561 690-2072 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 (111 0): 17/12: 25

USA Global Logistics LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	0.10.4/20/	22	
The Articles of Organization for this Limited Liability Co		and assigned	
Florida document number L22000011179			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registe	ered office address on our	records, enter the name of the r	
registered agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
New Registered Office Address:	Enten Florida etc.	out addresses	
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered	•	24 , 0000	

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>	<u>Address</u>	Type of Action
AMBR	Juan Carlos Lopez Acosta	100 Kings Point Dr Apt 1102,	
		Sunny Isles Beach, FL 33160	■ Remove
			Change
AMBR	Juan Pablo Lopez	100 Kings Point Dr Apt 1102,	_■ Add
		Sunny Isles Beach, FL 33160	Remove
		<u></u>	Change
			Remove
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Tarking data if other them t	he data of filings		(ontional)	
an effective date, if other than to an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	block does not meet the	applicable statutory filir	(optional) nore than 90 days after filing.) Pursua g requirements, this date will no	nt to 605.0207 t be listed as t
e record specifies a delay The 90th day after the r		ut not an effective	time, at 12:01 a.m. on the	e earlier of
01/13	2022			

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Typed or printed name of signee

Filing Fee: \$25.00