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R. HUNT 03/02/23

COVER LETTER

TO: Registration S Division of Co				
	LOGISTICS GROUP LLC			
SUBJECT:	Name of Lin	nited Liability Company	·	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JUAN CARLOS RODRIC	GUEZ PERALTA		
		Name of Person		
	GM & JC LOGISTICS LE	.C		
	 	Firm/Company		36.3
	1106 NELSON MEADOV	V LN	; :	- 234833
		Address	٠	4
	KISSIMMEE, FLORIDA	34759	SSE SSE SSE	PH
	LEIMYS.USTAR@GMAI	City/State and Zip Code L.COM	E FAIR	PH 1: 22
	E-mail address: (to be used for future annual report noti	fication)	.0
For further information	concerning this matter, please c	all:		
JUAN CARLOS RODE	RIGUEZ PERALTA	305 305-2739		
Name	of Person	at ()	e Telephone Number	_
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Copy (additional copy)	Status & y
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction	
Division of O	Corporations	Division of Cor		
P.O. Box 63		The Centre of T		
Tallahassee,	r1. 32514	2415 N. Monro	e Street. Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our reco mited Liability Company)	ords ₋)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/27/2022		and assigned
Florida document number 1.22000246242			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
GMJC LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbrev	nation "L.L.C."
Enter new principal offices address, if applicable:			음 (2)
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	=	
	,	2-7	(+:
		25.5 20.00 20.00	No :
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			········
			~
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>ent</u>	er the name o	f the new reg
		, , , , , , ,	
New Registered Office Address:	Enter Florida street add	bress	
		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.

H 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
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			□Remove
			□ Change
			
			Remove
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Tective date, if other than the d in effective date is listed, the date must lete: If the date inserted in this blocoument's effective date on the Dep	be specific and cannot be prior to date or does not meet the applicable sta	of filing or more than 90 days a	ptional) fier filing.) Pur this date will	suant to (not be l	505.0207 isted as
ecord specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of	(b) The 90	th day a	fter the
PERMITABLE SO	2023				
ted FEBRUARY 22	und of a member or authorized re	mora untalizza at il monto		 	

Filing Fee: \$25.00