Florida/Department/of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : I20000000019
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PETATION OF STATE OF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VENIGRANDE LOGISTICS LLC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAGE 02/04
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ACCARING PM 7:41

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	ENIGRANDE LOGISTICS L	-	···//
(Name of the Llmi	ed Liability Company as it nov (A Florida Limited Liability Co.	v appears on our records.) mpany)	
The Articles of Organization for this Limited L Florida document number L22000397882	iability Company were filed		and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability comp	pany here:	
JVG HOLD	INGS LLC		
The new name must be distinguishable and contain the v	vords "Limited Liability Compan	y," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		 ,	
Enter new mailing address, if applicable:	-9244 		
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		n our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	TAX MANAGEMENT SERVICES CORPURATION		
New Registered Office Address:	1470 NW 107 AVENUE	SUITE E	
	I.	Enter Florida street address	
	MIAMI	Florid	la ³³¹⁷²
	City	1 2 100 P.S	la 33172 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 Changing Registered Agent, Signature of New Registered Agent

☐ 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>	Name	Address	Type of Action		
		: 	□Add		
		•			
			□Change		
			□ Add □ Remove		
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Typed or printed name of signee