Division of Corporations Electronic Filing Cover Sheet

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To:

`o:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name ; TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131

Fax Number

: (888)453-0509

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ACCOUNTANTA taxzones, com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAF HOME LOGISTIC LLC

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COVER LETTER

TO: Registration Section Division of Corporations						
	E LOGISTIC LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	andence concerning this matter					
	ED KOTLER					
	mayanga gagama caman para a sa kaga nga napanga napan daba da di dapangga ba da	Name of Person				
	TAX ZONE INC					
		Firm/Company				
	865 COMMUNITY CIR S	TE 4				
		Address				
	ORLANDO, FL 32819					
		City/State and Zip Code				
	ACCOUNTANT@TAXZO		k V an aideannío a ann ann an a			
		to be used for future annual report not	nicution)			
For jurther information of	concerning this matter, please c					
ED KOTLER		407 888-3131 at ()				
Name o	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is exclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se				
Division of C	Corporations	Division of Cor	rporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

o:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAF HOME LOGISTIC LLC			
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow <u>appears on our records.</u>) ompuny)		
The Articles of Organization for this Limited Liability Company were fill Florida document number L22000457790			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	any." the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MA) BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
Ciŋ	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perfor- accept the obligations of my position as registered agent as provide	nance of my duties, and I am familiar with and		

heing 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

o:

<u>Title</u>	Name	Address	Type of Action
AMBR	FELIX ARGUINZONES	511 NEPTUNE BAY CIR APT 7	□Add
		ST CLOUD, FL 34769	≅Remove
			□ Change
AMBR	FELIX ARQUINZONES	511 NEPTUNE BAY CIR APT 7	≅Add
		ST CLOUD, FL 34769	_
			Change
			DAdd □
			☐Remove
		Change	
			□Add
			⟨□Retnove
			Change
			□Add
			□Remove
		-12-22-24-24-24-24-24-24-24-24-24-24-24-24	Change
			□Remove
			Change

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D. If amending any other information, en	ier change(s) here: (Attach a	dditional sheets, if necessit \$	DEC - AMIL
			to the page and

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	nadamin ni salam bilahi, sahasah misuru ni pisancan sahirin 18 188 Pisa sahapipa African pisa maga		
			
May - 1990 (1990 (1990)			
			The state of the s
			
E. Effective date, if other than the date of (If an effective date is listed, the date must be special Note: If the date inserted in this block does document's effective date on the Department	fic and cannot be prior to date of filing not meet the applicable statutory	(optional) ig or more than 90 days after filing) P y filing requirements, this date w	ursuant to 605,0207 (3)(b) ill not be listed us the
If the record specifies a delayed effective date, burecord is filed.	ut not an effective time, at 12:01	a.m. on the earlier of: (b) The	90th day after the
Dated NOV 30	2002.		
_Ac	gertication	e)	
Sigititure	of h member or authorized represen	manity of a member	
	Typedlor printed name of sig	two S	