



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:	Division of Corporations Fax Number : (850)617-6383		SECRE	2024 NOV 2	
	From:	Account Name : AMERICA TAX & ACCOUNT Account Number : 120200000107 Phone : (305)900-9225 Fax Number : (786)541-8425	ING CORP	TVEADE EL CAM	V 20 AM II: 30	T I I I I I I I I I I I I I I I I I I I
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.						
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1	SINAL FIREWORKS LLC					
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Electronic Filing Menu Corp

Corporate Filing Menu



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Page: 2 of 4	2024-11-20 18:08:53 GMT	17863641621	From: Claudia Bae
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	OF		Sec MOY 20 SCO
			2024 NOV 20 SECRETARY OF STATES
	SINAI FIREWORKS LLC	w appears on our records.)	30
(<u>:Name</u>	of the Limited Liability Company as it no (A Florida Limited Liability Co	pimpany)	NE STATE
		04/18/2023	and assigned
The Articles of Organization for this	Limited Liability Company were file	<u> </u>	•••••• ••••••
Florida document numberL230001	91825		
This amendment is submitted to ame			
A. If amending name. enter the n	ew name of the limited liability com	pany here:	
GAJ LOGISTICS LLC			
The new name must be distinguishable and	contain the words "Limited Liability Compa	my," the designation "LLC" or th	e abbreviation "L.L.C.
Enter new principal offices addre			
(Principal office address MUST B)			·
(Principal office address wost bi			
Enter new mailing address, if app	olicable:		<u> </u>
(Mailing address MAY BE A POS	T OFFICE BOX)	·····	
			C.I
B. If amending the registered ag	ent and/or registered office address	on our records, enter the	name of the new registered
agent and/or the new registered of	office address here:		
	N/A		
Name of New Registered	Agent:		
New Registered Office A	ddress:		
		Enter Florida street address	
		Florid	a
	City	,,,,,	ZipCode

New Registered Agent's Signature, if changing Registered Agent:

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2024-11-20 18:08:53 GMT

17863641621

From, Claudia Baez

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
			🗆 Remove
			Change
			🗆 Add
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			Change
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			⊡Remove
			Change
			🗆 Add
			⊡Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	November 20th			
	-R. Bradan			
	Kar	signature of a member or authorized representative of a member		
	THOMAS RU	BENACKER		
		Typed or printed name of signee		