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Division of Corporations

Fax Number : (850)517-6383

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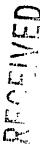
Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone

: (305)882-1238

Fax Number

: (305)882-1260



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Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
	GISTICS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	BEATRIZ PEREZ		
		Name of Person	·····
	GODY LOGISTICS LLC		
		Finn/Company	
	PO BOX 11684		
		Address	
	JACKSONVILLE FL 322	39	
		City/State and Zip Code	
		to be used for future annual report not	fication)
For further information of	oncerning this matter, please o	all:	
BEATRIZ PEREZ		at (
Nanie o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following an:ount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GODY LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 07/31/20	023	_ and assigned
Florida document number L23000359440			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designe	ntion "LLC" of the abbre	viation "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 MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str		
	Emer rioriaa sir	ee: namess	
	Clry	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	•	ыр совв
The Paris of White a Ordinator of the chanking Web Michell Well!			

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>	Address	Type of Action
MGR	MANUEL MANSO PEREZ	3144 FRUITWOOD LN	∃ Add
		JACKSONVILLE FL 32277	□Remove
			□Change
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			GAdd Cladd
			□Remove
			©Change
			□Abd
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ffective date, if other than on effective date is listed, the date	the date of filing:			(option	ıal)
on effective date is listed, the cate ote: If the date inserted in th	must be specific and car is block does not mee	nnot be prior to d t the annlicable	late of filing or mone e statutory filing i	than 90 days after B	ling.) Pursuant to 605,0207 (3
ocument's effective date on the	e Department of State	e's records.		oquitomonia, ma	ance will her be haved as t.
record specifies a delayed efferis filed.	ctive date, but not en	effective time,	at 12:01 a.m. on	the carlier of: (b)	The 90th day after the
_					
		2024			
atcd 7/29					
atcd 7729					
atcd 7/29	Signature of a men	nber or authorize	d representative of	a member	

Filing Fee: \$25.00