Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING WORLD LLC

Account Number : I2024000018

Phone : (702)538-3080

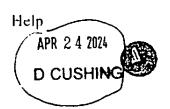
Fax Number : (850)757-0042

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JFG LOGISCTICS LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

| 10: Registration Division of C | Section Jurporutions | • | ٤ | | • |
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| | PHANGE FOR JFG LOGISCTIC | SILEC | | | |
| SUBJECT: | Name of Lim | sted Liability Company | | | |
| The enclosed Articles | of Amendment and feets) are sub | mitted for filing. | | | |
| Please return ali corre | spoudence concerning this matter | to the following: | | | |
| | FANY BUSTHLO | | | | |
| | ****************** | Name of Person | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | |
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| | | Address | | | |
| | CAPF CORAL, FL 33909 | | | | |
| | | City State and Zip Code | هميستقلميني به ربي دريد | | |
| | 1-mail address | to be used for hance annual report notificati | ien) | 35 | <u>;</u> |
| For further information | n concerning this matter, picase c | | | | |
| FANY BUSTILLO | | 308 2581792 | | | |
| Nan | ic of Person | Area Code Dayrina Tel | lephone Number | 700 | T L T U |
| Enclosed is a check for | or the following amount: | | | | 19 |
| € \$25.00 Frling Fee | ☐ \$30,00 Filing Fee & Certificate of Status | L3 \$55.00 Filing Fee & Certified Copy (addition) copy is melosati | 2 S60,00 Filin Certificate Certified Co tadditional co | of Statos & | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Talfahassee 2415 N. Monroe Street, Suite 810 Talfahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JFG LOGISTICS LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records,) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L230000464981</u> | npany were filed on 10/09/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| JFG LOGISTICS LLC | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2024 APR 24 SECHETARS |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter th</u> | e name:of the new registered |
| Name of New Registered Agent: | | 1.1 |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flori | daZip Code |
| | CnV | cult. Court |

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

If amending Authorized Person(s) authorized to manage, enter the titte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Litle | Name | Address | Type of Action |
|------------------|--|---------------------------------------|---------------------------------------|
| MGR | FANY BUSTILLO MENA | 1913 NE 4TH PL | ————————————————————————————————————— |
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| Effective date, if other than the | e date of filing: (optional) |
| it an effective date is fisted, the date mu | ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory films producements, this date will not be found. |
| e record specifies a delayed effectived is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th |
| Dated APRII, 4 | · · · · · · · · · · · · · · · · · · · |
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| West 6 110 A 11 11 11 11 11 11 11 11 11 11 11 11 1 | Signature of a member of attacherized representative of a member |
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Filing Fee: \$25.00