

To:

Page: 1 of 4

2024-07-12 06:42:08 UTC+14

18506176383

From: ZenBusiness User

7/11/24, 11:37 AM

Division of Corporations

H24000235785 3

L24000235785

Florida Department of State
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.

((H24000235785 3)))



H240002357853ABC3

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

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

Email Address: _____

2024 JUL 11 AM 11:04
FILED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MINT GLOBAL LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2024 JUL 11 PM 12:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 12 2024

H24000235785 3

To:

Page: 2 of 4

2024-07-12 06:42:08 UTC+14

18506176383

From: ZenBusiness User

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000235785 3

FILED
2024 JUL 11 AM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mint Global 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 6/13/2024 and assigned
Florida document number 124000269758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

3375 20 Mile Road

Ponte Vedra, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3375 20 Mile Road

Ponte Vedra, FL 32081

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

H24000235785 3

To:

Page: 3 of 4

2024-07-12 06:42:08 UTC+14

18506176383

From: ZenBusiness User

H24000235785 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Thomas Gilgen	3375 20 Mile Road	☐ Add
		Ponte Vedra, FL 32081	☐ Remove
			☒ Change
AMBR	David Epstein	3375 20 Mile Road	☐ Add
		Ponte Vedra, FL 32081	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 JUL 11 AM 11:07
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2024 BY 60322 UCBAW

FILED

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

FILED
JUL 11 AM 4:04
FALL RIVER DIST. CLERK

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/11 2024

/s/ Thomas Gilgen

Signature of a member or authorized representative of a member

Thomas Erlgen

Typed or printed name of signee