

MIS000009589

2/23/2017

Division of Corporations

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.

((H17000052409 3))



H170000524093ABC

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GENCO TRANSPORTATION MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED

2017 FEB 23 PM 4:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

SECRETARY OF STATE
STATE OF FLORIDA
Help

2017 FEB 23 A 4:03

FILED

S Warren

FEB 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENCO Transportation Management LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Heckert
Name of Person

FedEx Supply Chain, Inc
Firm/Company

700 Cranberry Woods Drive
Address

Cranberry Twp, PA 16066
City/State and Zip Code

sandra.heckert@fedex.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Heckert at (724) 720-3838
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GENCO Transportation Management LLC

2. The Florida document number of this limited liability company is: M15000009589

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 11/30/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: FedEx Supply Chain Transportation Management LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
City 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.



James M. Halpin
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

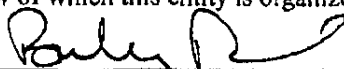
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

FILED
2017 FEB 23 A 9:03
SECRETARY OF STATE
TREASURER, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Bradley R. Peacock

Typed or printed name of signee

Filing Fee: \$25.00

2017 FEB 23 A 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

DFI/CORP/30
DOCUMENT
2011

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DATE: FEB 23 2017

BY: A handwritten signature in cursive script, likely of a witness or official, which is partially obscured by a horizontal line at the bottom of the page.



Corporations Bureau

Form 504 - Limited Liability Company Articles of Amendment

Name of Limited Liability Company

Entity Name or Entity Id: GENCO TRANSPORTATION
MANAGEMENT LLC
Entity ID: G033570

Entity Name Amendment

The text of the amendment to the articles of organization amends the name of limited liability company: Yes

The Name of the LLC is amended to be: FedEx Supply Chain Transportation Management LLC

Registered Agent Name Amendment

The text of the amendment to the articles of organization amends the name of the Registered Agent: Yes

The Registered Agent name is amended to:

Name of Entity: C T CORPORATION SYSTEM

Registered Agent Address Amendment

The text of the amendment to the articles of organization amends the street address of the Registered Agent. Yes

The Registered Agent address is amended to:

Street Address: 8020 EXCELSIOR DR STE 200

Address 2:

City: MADISON

State: WI

Zip Code: 53717

Management Change

The text of the amendment to the articles of organization amends the management of the Limited Liability Company: No

The management of the limited liability company is: (left blank)

Adoption

Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 Yes

(2).

Drafter

This document was drafted by: Amy C. Robertson

Signature

Title: Member

Date: 01/09/2017

I understand that checking this box constitutes a legal signature: Yes

Signatory's Name: C. Edward Klank III

Delayed Effective Date (Optional)

This document will be effective on the date it is received by the department unless a delayed (future) date is included here.

(Optional) This document has a delayed effective date of:

Contact Information (Optional)

Name: C T Corporation System
Address: 8020 EXCELSIOR DR STE 200
City: MADISON
State: WI
Zip Code: 53717
Phone Number: 608-833-4821
Email Address: cts-ctmadisonfulfillment@wolterskluwer.com

Endorsement

Received Date: FILED
01/09/2017