

M17000000420

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000067206 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

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2017 MAR 10 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIGGER PICTURE LOGISTICS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 10 AM 8:02

FILED

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: Bigger Picture Logistics, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000000420

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 12, 2016

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

5. New name of the limited liability company: Optimal US Logistics, 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 officer 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

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

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> |
|-----------------------|----------------|------------------------------------|--|
| MGR | Gail Holden | 4500 140th Avenue North, Suite 101 | <input type="checkbox"/> Add |
| | | Clearwater, FL 33762 | <input checked="" type="checkbox"/> Remove |
| MGR | Roger Frampton | 4500 140th Avenue North, Suite 101 | <input checked="" type="checkbox"/> Add |
| | | Clearwater, FL 33762 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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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

Roger Frampton, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMAL US LOGISTICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2017.

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2017 MAR 10 AM 8:02
SECRETARY OF STATE
HALLAMHASTEE.FLORIDA



6208281 8300

SR# 20171691242

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Authentication: 202171674

Date: 03-09-17

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BIGGER PICTURE, LLC", CHANGING ITS NAME FROM "BIGGER PICTURE, LLC" TO "OPTIMAL US LOGISTICS, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF MARCH, A.D. 2017, AT 3:28 O'CLOCK P.M.

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2017 MAR 10 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6208281 8100
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Date: 03-09-17

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TALLAHASSEE, FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:28 PM 03/09/2017
FILED 03:28 PM 03/09/2017
SR 20171691242 - File Number: 6208281

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION**

BIGGER PICTURE, LLC, a limited liability company organized and existing under the laws of the State of Delaware (the "Company"), does hereby certify:

FIRST: The name of the Company is Bigger Picture, LLC.

SECOND: The Certificate of Formation of the Company is hereby amended to reflect a change in the name of the Company by deleting Article FIRST of the Certificate of Formation in its entirety and adding the following:

"FIRST: The name of the LLC is: Optimal US Logistics, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of the Company on the 9th day of March, 2017.



Roger Brampton, Manager