

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	
<b>E</b>	Fax Number : (850) 617-6383	
From From 1207	: Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622	WELL AHA
**Enter t	ne email address for this business entity to be us al report mailings. Enter only one email address p	ed for futu pleasent*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THNC TRANSPORTATION AND LOGISTICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

# 2021 JUN 15 AM 8: 33

## 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)

<ol> <li>Name of limited liability Company as it appears or</li> </ol>		lorida Department of	
State: THNC TRANSPORTATION AND LOGISTI	ICS, LLC		
Enter new principal office address, if applicable:			
( <u>Principal office address</u> 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 liabil	ity company is:	M19000003428	To Ba
3. Jurisdiction of its organization: DE			2.5
4. Date authorized to do business in Florida: 12/1	4/2016		188 X
SECTION II (5-9 complete only the applicable cha			نترمند. ت کس
5. New name of the limited liability company: FLX	FWD Logistics, LLC		
(must $\propto$	entain "Limited Liab	lity Company, " "L.L.C	]," or "LLC.™   Se
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C."	ring members adopting	acting business in Floring the alternate name. T	da and attach a he alternate name
<ol> <li>If amending the registered agent and/or registered registered agent and/or the new registered office addr</li> </ol>	officer address on ou ess here:	records, enter the nam	e of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Ente	· Florida Street Addres.	
		, Florida	
<del></del>	City		Zip Code
New Registered Avent's Signature, if changing Regist I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an and accept the obligations of my position as registered document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in the d complete performa ed agent as provided the registered office	nce of my duties, and 1: for in Chapter 605, F.S	am familiar with . Or, if this
If Cha	nging Registered Age	ent, Signature of New R	logistered Agent

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. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
lc/ Capacity	Name	Address	Type of Action			
			□Add			
			□Remo			
			DAdd			
		<u> </u>	🗆 Remo			
	······································		DAdd			
			□Remo			
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aforementioned am	he law of which this entity is orga	y the official having custody of records in the	DRemov			

Filing Fee: \$25.00

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'THNC TRANSPORTATION

AND LOGISTICS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO 'FLX FWD LOGISTICS, LLC' ON THE FOURTEENTH DAY OF

JUNE, A.D. 2021, AT 4:36 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLX FWD LOGISTICS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2016.

2021 JUN 15 AM 8: 33



Authentication: 203447026

Date: 06-15-21

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