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EXAMINER



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SECRETARY H

' COVER LETTER

TO:	Registration S Division of Co			·
SUBJI	ECT:	CORE L	OGISTICS LLC	
5020			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matte	r to the following:	
	GABRIEL DE GODOY			
			Name of Person	
TRANS			NSTEK LOGISTICS LLC	**************************************
Finn/Company				
12200 NW 25TH ST SUITE 105			5	
			Address	
			MIAMI, FL 33182	
			City/State and Zip Code	
			@TRANSTEKLOGISTICS	
For fur	ther information	concerning this matter, please	to be used for future annual report no	uncation)
	GAB	RIEL DE GODOY	at (408)	9302211
		of Person		ime Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		CORE LOGIS	STICS LLC _			
	(<u>Name of the Limited</u> (A	<u>Liability Compar</u> Florida Limited L	y as it now appears iability Company)	on our records.)		
The Artic	les of Organization for this Limited Li	ishility Company	were filed on	19/11/2006	and assigned	ł
Ţ	•	• •	were filed off	12/11/2000	una assigno	•
Florida do	ocument number <u>L06000117</u>	<u>7931 </u> .		•		
This ame	ndment is submitted to amend the foll	owing:				
A. If am	ending name, <u>enter the new name o</u>	f the limited liab	ility company here	4		
		TransTek Log	stics, LLC			
The new n "L.L.C."	ame must be distinguishable and end wi	th the words "Limi	ted Liability Compan	y," the designation "LI	LC" or the abbre	viation `
Enter ne	w principal offices address, if applic	able:				<u></u>
(Principa	l office address MUST BE A STREE	T ADDRESS)			09,	SECRE
						_울
					29	R E
Enter ne	w mailing address, if applicable:				229	
	address MAY BE A POST OFFICE	BOX)			⊒£ 	-
111		<i>=</i>			~ . ∼	35.4
						
B. If ar	nending the registered agent and	or registered of	fice address on o	ur records, <u>enter ti</u>	ne name of th	4.5
registere	d agent and/or the new registered o	ffice address her	ē:			
	Name of New Registered Agent:	MCLUSKY (MCDONALD.	P.A., JOHN E. HU	JGHES III.	
	New Registered Office Address:	THE BARRI		321 SW 69TH CC		
			MIAMI City	, Florida	33156 Zip Code	
Now Peri	stered Agent's Signature, if changing	Degistered Agent	•			
New Kegi	stered Agent's Orghaterte, it changing	Register en Agent.	•			
the provi accept th being file	accept the appointment as registers is ions of all statutes relative to the period of the collinguitions of my position as reged to merely reflect a change in the has been notified in writing of this	proper and comp istered agent as registered office	lete performance provided for in Ch	of thy duties, and I a apter 608, F.S. Or,	m familiar wit if this documer	h and
		If Cha	nging Registered Age	nt, Signature of New Re	gistered Agent	-
		Page :	ofle			

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM_	GABRIEL DE GODOY	12200 NW 25TH ST SUITE 105 MIAMI, FL 33182	Add Remove	
MGR_	GABRIEL DE GODOY	12200 NW 25TH ST SUITE 105 MIAMI, FL 33182	✓ Add ☐ Remove	
MGR	WILLIAM TROY	12200 NW 25TH ST SUITE 105 MIAMI, FL 33182	✓ Add Remove	
MGR	JEFF BADER	12200 NW 25TH ST SUITE 105 MIAMI, FL 33182	✓ Add Remove	
MGR	ARNALDO PUIG	12200 NW 25TH ST SUITE 105 MIAMI. FL 33182	✓Add Remove	
 	, ·		Add Remove	
<u> </u>		TO MGR FOR GABRIEL DE GODOY		
- -				
Dated		2009		
	G	ABRIEL DE GODOY		
Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00