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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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Office Use Only



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J. SAULSBERRY EXAMINER

DEC 28 2010

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---------------|
| SUBJECT: SOUTH LOGISTIX Group, LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Edgard H. Cuenca Name of Person | |
| Southern Logistix Group, LLC Firm/Company | |
| LODGE Stilling Rd., Suite 224 | |
| Davie, F. 33314 City/State and Zip Code Substitute 2 Amount of the Code of t | 7 4 |
| SHOOGES 1@Bellsouth. net E-mail address: (to be used for future annual report notification) | 1 } |
| For further information concerning this matter, please call: | , 44 <u>,</u> |
| Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of | • |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| buthern Logis | STIX CICALA LLC |
|---|--|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 319 8 and assigned |
| Florida document number <u>L080000283</u> 5 | 51 |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li | |
| The new name must be distinguishable and end with the words "Li" L.L.C." | imited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 60000 String Rd. |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 224 |
| | Davie, F. 33314 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | LOOPA Stirling Ra. Suite 224 Davie, FL. 33314 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, enter the name of the new |
| Name of New Registered Agent: | otten S. Hoolges |
| New Registered Office Address: | 9 Stivling Kol, Suite 224 Enter Florida street address |
| Dav | City , Florida 33314 Zip Code |
| New Registered Agent's Signature if changing Registered Age | nt: |

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 608, 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 Agen, Signature of New Registered Agent

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> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| VGRM | Stephen S. Hodge | LIOPA Stilling Rd. Suite 224 Davie, FL 33314 | Add Remove |
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| | | | Add Remove |
| | | | Add Remove |
| | | (a) have (Attack additional shorts if recognized) | Add Remove |
| | Divisible 32 201 | | 2010 DEC 27 1 |
| Dated | (Signi) | or authorized representative of a member | |
| | EXGLED # | . Cuenas. | |
| | Typed o | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00