LO8000028351

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

SOUTHERN 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:

STEHPEN S. HODGES

Name of Person

SOUTHERN LOGISTIX GROUP, LLC

Firm/Company

6099 STIRLING RD STE. 224

Address

DAVIE, FLORIDA 33314

City/State and Zip Code

SHODGES2@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN S. HODGES

786, 236-6580

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

	OGISTIX GROUP, LLC.			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on 03/19/2008	and assigned		
Florida document number L08000028351				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the words "I.	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		<u> </u>		
		<u> </u>		
Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE BOX)		10%		
		5분 5		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		orida		
	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

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	EDGARD H. CUENCA	6099 STIRLING RD STE 224		
		DAVIE, FL 33314	■ Remove	
			Add	
			□ Remove	
			7814 A&&	
			Remove	
			□ Remove	
			Add	
			□ Remove	
-			Add	
			□ Remove	

D.	If am	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	•			
	•			
				
Ε.	(The eff	tive date, if other than the fective date must be specific, cann te this document is filed by the Flo	of be prior to date of receipt or filed date and cannot be i	(optional) more than 90 days after
	Dated	JULY 29	2014	
		53	ym & Bodys	
			Signature of a member or authorized representative of	
			STEPHEN S. HODGE	<u> </u>
			Typed or printed name of signee	

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Filing Fee: \$25.00