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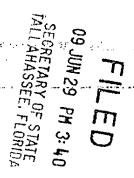
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies (2. 5.0) Certificates of Status (2. 6.8)
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Special Instructions to Filing Officer:





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J. BRYAN
JUN 3 0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: PEB FREIGH Name	of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s	are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	O9 JUN 29 SECRETARY JALLAHASSE
	Name of Person	
	Firm/Company	PH 3: 40 OF STATE E. FLORIDA
	Address	_
	City/State and Zip Code	_
E-mail a	ddress: (to be used for future annual report notification)	_
For further information concerning this matter,	please call:	
FURCIEN SCUTT Name of Person	at (<u>954)</u> 668 – 7314 Area Code & Daytime Telephone Nun	ıber ———
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of S	Status Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee. licate of Status & licate Copy licate 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



PEB FREICHT LOGISTICS LUC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company v	vere filed on $9-2$	3-08 and assigned	
Florida document number	09015	9		
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
PEB CAR Co The new hame must be distinguishable and end with t "L.L.C."	SHIPP the words "Limite	M G LLC ed Liability Company," the c	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:	3060 NW	27TH ST	
(Principal office address MUST BE A STREET.	ADDRESS)	LAUSERDAL	e lakes, fl 333	()
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	P.O.BOX SOUTH FL	821432 ,FL 33082	
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of the new	
Name of New Registered Agent:	FU	RCIEN SCI	UTT	
New Registered Office Address:	3060	NW 27TH Enter Florid	da street address	
	LAUSER	ESAIR LAKES	, Florida 33311 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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen — — —	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	09 JUN 29 F
	6-25-09.		PH 3: 40
		nber or authorized representative of a member COTT ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00