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SECRETARY OF STATE

COVER LETTER

Division of Corpo						
SUBJECT: CPS Glo						
(Name of Limited Liability Company)						
	mendment and fee(s) are sub-	-				
		······································				
	Morton H. Wittlin					
(Name of Person)						
Wittlin, Dry & Dry, CPA's, P.A.						
		(Firm/Company)				
8411 W. Oakland Park Blvd.						
(Address)						
	Sunrise, FL 33351					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
Morton H. Wittlin		at (_954_ ₎ 748-3699				
(Name of	Person)	(Area Code & Daytime To	elephone 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



CPS Global Logistics LLC (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 Liability Company were filed on January 6, 2009 _____ and assigned Florida document number L09000001199 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 191 SE 20th Avenue, PH619 Deerfield Beach, FL 33441 (Principal office address MUST BE A STREET ADDRESS) 191 SE 20th Avenue, PH619 Enter new mailing address, if applicable: Deerfield Beach, FL 33441 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

(City)

(Enter Florida street address)

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	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
- 1211 - 11 - 12			Add Remove
	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	<i>y.)</i>
			09 JAN 30 SECRETARY FALLIAHASSE
Dated Janua	, 2009	· · · · · · · · · · · · · · · · · · ·	90 PH 2: 01 NY OF STATE SEE FLORIDA
	Pat C. Ruggirello	per or authorized representative of a member	

Page 2 of 2

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