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To:

Division of Corporations

Fax Humber : (850)617-6383

From:

Account Name : MAPES GRAY, P.A.

Account Number : 120040000151 Phone : (904)398-0900 Fax: Number : (904)399-8440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: edarterémarkagray.dom

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company has been notified in writing of this change.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

72 Expected Logistics, LLC		eds)
(Name of the Limited Liability Comes (A Florida Limited L	lability Company)	D24-7
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000010188</u>	were filed on 01/30/2009 eff.	01/25/2009 and assigned
This amendment is submitted to amend the following:		
A. If amending usme, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Lighting	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1111 Imeson Park Blvd.	
(Principal office address MUST BR A STREET ADDRESS)	Jacksonville, Plorida 32218	<u> </u>
Enter new mailing address, if applicable:	1111 Imeson Park Blvd.	
(Mailinn address MAY BE A POST OFFICE ROX)	Jacksonville, Florida 32218	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address ber	ffice address on our reco	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	res
New Registered Agent's Signature, if changing Registered Agent:	Chy	Zip Code
I hereby accept the appointment as registered agent and agri provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I performance of my duties, provided for in Chapter 60.	and I am familiar with and 5. F.S. Or. if this document is

Page 1 of 3

If Changing Registered Agent, Signature of Now Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMGR	Zach Fox	9601 N Main St Dr Ste 1	D Add
		Jacksonville, Florida 32218	■ Remove
			- -
MOR	Robert Fax	1111 Imeson Park Blvd.	Change
		Jacksonville, Florida 32218	
			Remove
	Maria Pox	1111 Imeson Park Blvd.	© Change
MGR	WAITE FUX		D Add
		Jacksonville, Ptorida 32218	
			El Change
SEC	Phally Smith	1111 Imeson Park Blvd.	Add
		Jacksonville, Florida 32218	D Remove
			
			El Change
			Add
			D Remove
			Change
			Add
			CI Remove
			Change

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	Typed or printed name of signed	20
	Robert Fax	19 SEP 2
	Signature of a member or artificized representative of a member	-
Dated	Scotcomber 19 , 2019	
document	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days offer filing.) Pursuant to 603 the date inserted in this block does not meet the applicable standory filing requirements, this date will not be listed to effective date on the Department of State's records. It specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlief of the day after the record is filed.	d as the
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