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T. CLINE

SEP 14 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ECT:	TMR L	ogistics, LLC		
			ted Liability Company		_
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			en Robertson, Preside	nt	
			Name of Person		
TMR Logistics, LLC					
			Firm/Company		
	1936 Bruce B. Downs Blvd. #504				
			Address		
		We	esley Chapel, FL 3354	3	
		****	City/State and Zip Code	<u> </u>	- As 23
		tm	ZOED SEP SEGRETALLAHA		
_			to be used for future annual repo	rt notification)	(n = 32
For fur	ther information o	oncerning this matter, please o	all:		- m
	Owe	en Robertson	at (813)	728-6362	
	Name o	f Person	Area Code & I	Daytime Telephone Nun	AM D 37 OF STATE E. FLURIOA
Enclose	ed is a check for the	he following amount:			v
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi closed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of Clifton Build	Corporations ding tive Center Circle	S:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TMR Logis					
(Name of the Limited	Liability Compar A Florida Limited L	ny as it now appear iability Company)	<u>s on our records.</u>)	ı		
The Articles of Organization for this Limited L	were filed on	10/07/2009	and assign	ed		
Florida document number L0900009	6825					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	f the limited liab	ility company her	e:			
	N/A					
The new name must be distinguishable and end w "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designatio	n "LLC" or the abbr	reviation	
Enter new principal offices address, if applicable:		1433 Massar	o Boulevard			
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33619				
Enter new mailing address, if applicable:		1936 Bruce B	. Downs Blvd.	2010 SE 		
(Mailing address MAY BE A POST OFFICE	Wesley Chap	el, FL 33543	P 13	parate parate		
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on c e:	our records, <u>ent</u>	er the name of t	he new	
Name of New Registered Agent:	Name of New Registered Agent: Owen Robertson					
New Registered Office Address:	1433 Massa	aro Boulevard				
		Enter Florida street addres				
		Tampa	, Florida	33619		
		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 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 Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> **Address** 1433 Massaro Boulevard MGRM John Murphy ☐ Add Remove Tampa, FL 33619 Owen Robertson MGRM 1433 Massaro Boulevard Remove Tampa, FL 33619 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 9 2010 Signature of a member or authorized representative of a member Owen Robertson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00