# #11000028390

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K. BALY EXAMINER NOV 1 5 2010

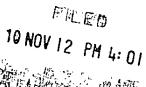
# **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: SEXTON MGT. 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:					
Marty Sexton					
Name of Person					
Firm/Company					
13135 Rivergate TrL. E. Jackson					
Jacksonville F.L. 32223  City/State and Zip Code  Marty. sexton @ landstarmail.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Marty Sexton at (904) 880-1091 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 Business Courts Courts 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sexton MGT	LLC, PART		
Sexton MGT.  (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on March 12, 2010 and assigned		
Florida document number <u>L10000028390</u>	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liat	oility company here:		
Safety First Logistics The new name must be distinguishable and end with the words "Lim	, LLC,		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Florida street address		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agents			

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	N/A		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
<del></del>	<del></del>		Add Remove	
	·		Add Remove	
D. If a		r change(s) here: (Attach additional sheets, if necessary.)		
Dated _	November 9th.	2010	-	
		member or authorized representative of a member  Sexton  Typed or printed name of signee		
	i	r yped or printed name or signee		

Page 2 of 2

Filing Fee: \$25.00