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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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R. WHITE FEB 24 2020



TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005) CLYDE L. ROBERTS (1927-1971) TELEPHONE (863) 686-7136

FAX (863) 686-9157

VICTOR J. TROIANO NICHOLAS J. TROIANO LAURIANE CICCARELLI

WEBSITE: www.troianolaw.com

January 30, 2020

VIA FEDEX

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re:

Cogistics Transportation, LLC

Our File No.: B10-0078

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization for the above-named entity. After filing, please return a copy of the Articles of Amendment to my office as soon as possible. I have also enclosed a check in the amount of \$25.00 to cover your filing fees.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,

Victor J. Troiano

Maiei Hankers for

VJT/mph

Enclosures

COVER LETTER '

| Div | ision of Cor | porations | | |
|---------------------|----------------|--|---|--|
| SUBJECT: | COGISTIC | S TRANSPORTATION, LLC | | |
| SUBJECT: | | Name of Lin | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | ı all correspo | ndence concerning this matter | to the following: | |
| | | Victor J. Troiano, Esq. | | |
| | | | Name of Person | |
| | | Troiano & Roberts, PA | | |
| | | | Firm Company | |
| | | 317 South Tennessee Aver | nue | |
| | | | Address | |
| | | Lakeland, FL 33801 | | |
| | | | City/State and Zip Code | - |
| | | roberhofer@cogistics.com | to be used for future annual report not | |
| For further in | oformation co | oncerning this matter, please ca | · | (fication) |
| Victor J. Tro | iano | | 863 686-7136 | |
| | Name of | Person | at () Area Code Daytim | ie Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| [6 \$25,00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 01 112:55

COGISTICS TRANSPORTATION, 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 November 3, 2019 | 0 and assigned |
|--|--|--|
| Florida document number L10000114685 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | <i>is</i> |
| | , FI | orida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, as provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------|-----------------|
| AMBR | Cogistics, Inc. | 2485 Drane Field Road | ⊞Add |
| | | Lakeland, FL 33811 | □Remove |
| | | | ≝ Change |
| VP | John C. Oberhofer | 2485 Dranc Field Road | []Add |
| | | Lakeland, FL 33811 | |
| | | | ≣Change |
| S/T | Raymond A. Oberhofer | 2485 Drane Field Road | LIAdd |
| | | Lakeland, FL 33811 | |
| | | | ☐Change |
| D | Stephanie Herrera | 2485 Drane Field Road | ≅Add |
| | | Lakeland, FL 33811 | |
| | | | □Change |
| | | | DAdd |
| | | | []Remove |
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| ctive d | late, if oth | er than the | date of filing: | | | 10 | optional) | |
| effective | e date is listec | l, the date must | be specific and ca | nnot be prior to c | late of filing or m | ore than 90 days. | after filing.) Purs | uant to 605.02 |
| <u>e:</u> 11 the iment's | e date inser s effective d | ted in this blo ate on the De | ck does not med partment of Stat | et the applicable e's records. | e statutory lilin | g requirements | , this date will i | not be listed |
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| ord spe | ecifies a dela | ayed effective | date, but not an | effective time | , at 12:01 a.m. (| on the earlier o | f: (b) The 90t | h dav after th |
| filed. | | | | | | | | |
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| d | | 29/200 | <u> </u> | | | | | |
| | \bigcap | rasie | Obus Signature of a mer | hobin | _ | | | |
| - | | | Signature of a mer | mber of authorize | ed representative | of a member | | |

Filing Fee: \$25.00