

L/2000024957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

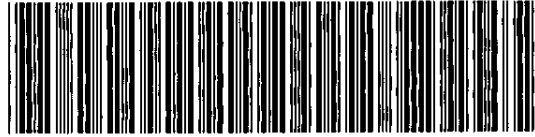
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Continental Logistics LLC L120000249
 (CORPORATE NAME) (DOCUMENT #)
2. _____
 (CORPORATE NAME) (DOCUMENT #)
3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In
 Pick up time: _____
 Certified Copy
 Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input checked="" type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CONTINENTAL 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 February 21, 2012 and assigned
Florida document number L12000024957

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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:

(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 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:

JASON RIVERA

New Registered Office Address:

8787 SOUTHSIDE BLVD UNIT 5905

Enter Florida street address

JACKSONVILLE

City

Florida 32256

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

MGR = Manager
MGRM = Managing Member

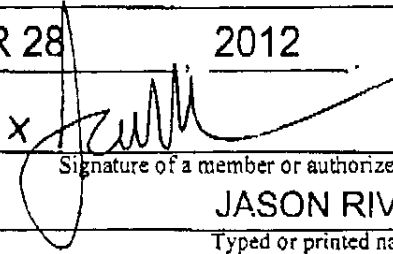
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VAZQUEZ, ERNESTO P	8787 SOUTHSIDE BLVD	<input checked="" type="checkbox"/> Add
		UNIT 5905	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32256	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Four horizontal lines for amending information.

Dated NOVEMBER 28 2012

x 

Signature of a member or authorized representative of a member

JASON RIVERA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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