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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| Division of C | Corporations | | | |
|-------------------------|---|---|---|--|
| ROOTI | OGISTICS, LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | |
| | spondence concerning this matter | _ | | |
| | ,e | | | |
| | DAVID ROOT | | | |
| | | Name of Person | | |
| | ROOT LOGISTICS, LLC | | | |
| • | | Firm/Company | | |
| | 237 176th TERRACE DR | IVEE | | |
| | | Address | | |
| | REDINGTON SHORES, I | FL 33708 | | |
| | City/State and Zip Code | | | |
| | corporate@root-logistics.cc E-mail address: (| on to be used for future annual report noti | lication) | |
| For further information | reoncerning this matter, please c | all: | | |
| DAVID ROOT | | 813 513-9911 | | |
| Name | e of Person | at () | e Telephone Number | |
| Enclosed is a check for | r the following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Regi | LING ADDRESS: stration Section sion of Corporations | STREET/COURI Registration Section Division of Corpor | n | |

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

Registration Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ROOT LOGISTICS, LLC | | |
|--|--|--|
| . (Name of the Lim | ited Liability Company as it now appears of (A Florida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited I | Liability Company were filed on JUN | E 27, 2014 and assigned |
| Florida document number 1.14000102898 | | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company here | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the desi | gnation "LLC" or the abbreviation LLE" |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE. | ET ADDRESS) | |
| Florida document number 1.14000102898 This amendment is submitted to amend the fold A. If amending name, enter the new name of the new name must be distinguishable and contain the Enter new principal offices address, if applicable and contain the contain office address MUST BE A STRE. | | 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3 |
| (Mailing address MAY BE A POST OFFICE | (ROX) | |
| B. If amending the registered agent and registered agent and/or the new registered of | Vor registered office address on o | ur records, enter the name of the new |
| Name of New Registered Agent: | DAVID W. ROOT | |
| New Registered Office Address: | 237-176th TERRACE DRIVE E | |
| | Enter Florida | street address |
| | REDINGTON SHORES | Florida 33708 |
| | 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 605, 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 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> | <u>Address</u> | Type of Action |
|--------------|------------------|-----------------------|----------------|
| MGR | COURTNEY N. ROOT | 924 EAST 124th AVENUE | |
| • | | SUITE A | ■ Remove |
| | | TAMPA, FL 33612 | Change |
| MGR | DAVID W. ROOT | 924 EAST 124th AVENUE | |
| | | SUITE A | ☐ Remove |
| • | | TAMPA, FL 33612 | |
| <u>-</u> | | | Add |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing or mo e: If the date inserted in this block does not meet the applicable statutory filing | ore than 90 days after filing.) Pursuant to 605.020 |
| ument's effective date on the Department of State's records. | grequirements, this date will not be fisted as |
| · | |
| record specifies a delayed effective date, but not an effective ti | ime, at 12:01 a.m. on the earlier o |
| he 90th day after the record is filed. | -, |
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| ed AVGUST 9 2017 | |
| (1) Van | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00