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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	onovan Leigh	LOGISTICS //C	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Trallouri &	Sanders Name of Person		
	Donovan 1 1301 Rwent 4651 Sa	eigh Logistic LL Firm/Company Dlace Blud Stute 80 Address	o Jacksonville, f	32207
	Jacksonull	e F1, 32207 City/State and Zip Code		AND
	Omarcus grow E-mail bodiess: (olic O, outlook, com) Ition) ;	
For further information co	oncerning this matter, please ca	all:	• 	
Trakowi 59 Name of		at (<u>321</u>) <u>888 72</u> Area Code Daytime To	518 elephone Number	7 6 (
Enclosed is a check for th	e 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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	Logistics L1C pany'es it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>//5000064257</u> .	by were filed on $64/13/201.5$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia O'Marces Logistics L/C The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1301 Riverplace Blud suite 800 Jacksonwille fl, 32207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2878 Orange Park & 32063 5 Em
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	ere:
Name of New Registered Agent: New Registered Office Address: 13 F	9th Stret Enter Florida street address
Jackson	Onville, Florida 3270 G 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 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 = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Add OCT OR Remove 73
			Remove ASST
			Remove
			☐ Change
			□ Add
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ective date, if other than the date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
ed 10/15/2016.	
-4raxonss M	
Signature of a member or authorized representative	

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Filing Fee: \$25.00