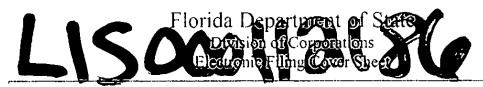
Page: 2 of 5

2021-01-13 15:14:24 CST

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From: Ranae McGraw

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000176103)))



To:			JAH I 3
	Division of Corporations Fax Number : (850)617-6383	<del></del> :	_
	14% Number . (000)017 0000	35	Ç
From:		inc	æ
	Account Name : C T CORPORATION SYSTEM	177	
	Account Number : FCA000000023 Phone : (614)280-3338	\$\\`\$	Ė
	Fax Number : (954)208-0845		
	141 1411101		Ţ
*Enter th	ne email address for this business entity to be used for	or future	e

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH FLORIDA WAREHOUSE CONTAINER FREIGHT STATION -

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help



From: Ranae McGraw

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	·
(Name of the Limited Liability Compan (A Florida Limited L.	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 07/02/2015 and assigned
Florida document number L15000112186	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Linbita	Company," the designation "LLC" or the abbreviation "LLC"
	C B
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	7: 0 0
(Malling address MAY BE A POST OFFICE BOX)	
	F. 9
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Repistered 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 peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and by ided for in Chapter 605 F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Ranae McGraw

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

To: 18506176383 -

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Fox	1111 Imeson Park Blvd	
		Jacksonville, FL 32218	■ Remove
			Change
MGR	Robert Fox	1111 Imeson Park Blvd	
		Jacksonville, FL 32218	☐ Remove
			- -
AMBR; N	RTS Holdings LJ.C	One Keliaway Dr	
		Randolph, MA 02368	☐ Remove
			Change
			<b>.</b>
			□ Kemove
			Change
•			D Add
<del></del>			☐ Rcmove
			☐ Change
			Remove
	•		

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-/	
<del></del>	
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-	
Note: If	date, if other than the date of filing:  (uptional)  ive date is listed, the date must be specific and caunot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	January 11 2021
	K & W
	Signature of a member or authorized representative of a member
•	Kendall P. Kellaway, Jr., President and Chief Executive Officer

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Typed or printed name of signed

Filing Fee: \$25.00