L1500111311

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COVER LETTER

TO:	Registration Se Division of Cor							
SUBI	Capo Logis	tic LLC						
Name of Limited Liability Company								
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	e return all correspo	ndence concerning this matter	to the following:					
		Suhail A. Khan						
		*** · · · · · · · · · · · · · · · · · ·	Name of Person					
		Capo Logistic LLC						
Firm/Company								
	10764 Wharton ct							
			Address					
		Orlando, Florida 32821						
			City/State and Zip Code					
		shawn@capologistic.com	to be used for future annual report notifi	igation				
For fu	urther information c	oncerning this matter, please co		ication,				
Suhai	l A. Khan		407 797-8104					
	Name o	f Person	at () Area Code Daytime	Telephone Number				
Enclo	sed is a check for th	ne following amount:						
□ \$2	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**

FILED

2015 AUG 21 PH 12: 09

SECRETARY OF STATE

Capo Logistic LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		filed on 07/08/2015	and assigned
Plorida document number L15000117311 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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			
This amendment is submitted to amend the following	g:		
The new name must be distinguishable and contain 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			
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			
Enter new principal offices address, if applicable:	:		11-11-11-11-11-11-11-11-11-11-11-11-11-
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: New Registered Office Address: Enter Florida street address Enter Florida			
Enter new mailing address, if applicable:			
• • • •	<u>.</u>		
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address here:	address on our reco	rds, <u>enter the name of the new</u>
Name of New Registered Agent:	·		
New Registered Office Address:		Enter Florida street add	trave
		Liner I tortua sireet aaa	,,,,,
			Florida
	C	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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>	Address	Type of Action
MGR	Amer Raees	6373 North Orange Blossom Trail	■ Add
		Unit-B Orlando FL 32810	☐ Remove
			☐ Change
	-		Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change

· 	ther information, enter change(s) here: (Attach additional sheets, if necessary.)	

<u> </u>		
		-
		
	ther than the date of filing: (optional) ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605 020
Note: If the date inse	erted in this block does not meet the applicable statutory filing requirements, this date will not be adde on the Department of State's records.	liste#
ocument's effective t	date on the Department of State's records.	5 AS
e record specifies	es a delayed effective date, but not an effective time, at 12:01 a.m. on the	
	fter the record is filed.	. •
		E STATE
08/19/2015		<u> </u>
Dated	 ; :	
Dated		
Dated	Signature of a member or authorized representative of a member SUHAIL A. KHAW Typed or printed name of signee	- -

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Filing Fee: \$25.00