15000175834

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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(ALLAHASSEE, FLORID)

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K.SALY EXAMINER NOV 18 2015

COVER LETTER

то:	Registration Division of	a Section Corporations
CHDH		ansportation and Logistics, LLC
SUBJI	EC1:	Name of Limited Liability Company
The en	closed Articles	s of Amendment and fee(s) are submitted for filing.
Please	return all corre	espondence concerning this matter to the following:
		Lisette Medina
		Name of Person
		Firm/Company
		5347 NW 188 Street
		Address
		Miami, FL 33055
		City/State and Zip Code
		Lisette0640@yahoo.com
For fur	ther informatio	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:
	e Medina	305 9845776 at ()
	Nan	ne of Person Area Code Daytime Telephone Number
Enclos	ed is a check fo	or the following amount:
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

2015 NOV 16 PM 3: 15

ALLAHASSEE, FLORIDA

DLJ Transportation and 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 Compar Florida document number \(\frac{\text{L15000175834}}{\text{L15000175834}}\) This amendment is submitted to amend the following:	ny were filed on Octob	er 15, 2018 and assigned	
_			
A. If amending name, enter the new name of the limited lia	bility company here:		
LogiTran, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	12620 SW 2nd Stre	et	
(Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 3332	25	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Plantation, FL 33325		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		or records, <u>enter the name of the ne</u>	
Name of New Registered Agent:			
New Registered Office Address: 12620 SW 2n			
	Enter Florida :	street address	
Plantation		, Florida 33325	
·	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 = N	Manager Authorized Member	Address Address		
<u>Title</u>	<u>Name</u>	Address Security 16 PM 3: 15 Type of Action		
		Add		
		Remove		
		Change		
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		Remove		
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<u></u>	
ffective da	te, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
lote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocument s	effective date on the Department of State's records.
e record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	day after the record is filed.
	11/12/ 2015
ated	11/10/
	MiseR Chedina
_	Signature of a member or authorized representative of a member
I.	isette Medina
•	Typed or printed name of signee

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Filing Fee: \$25.00