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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	C Logisti	ed Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
_	Melissa ?	Partiale Name of Person	
_	Orange	Are Cersuling Firm Company	
_	1500 P	Park (onter Dru Address	<u> </u>
_	_	FL 32F3 City/State and Zip Code	
	E-mail address: (to	le e oama. Co	cation)
For further information concer	ning this matter, please cal	l:	
Melisia Poriale Name of Person	on	at (<u>407</u>) \$5'9- Area Code — Daytime	Telephone Number
Enclosed is a check for the foll	owing amount:		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional 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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "I	LC" or the abbreviation "LTC."
Enter new principal offices address, if applicable:		BOCT F.I.
(Principal office address MUST BE A STREET ADDRESS)	·	m No IT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Para Planta and I	
	Enter Florida street add	aress
		Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Queen	1500 Park Center Dr.	
		orlando, PL 32835	Remove
			Change
MGR	Jeffrey G Camon	1500 park center Drive	Add
		Orlando, FL 32835	□ Remove
			Change
			Primare T F F F F F F F F F
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	(optior	ıal)
effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory frument's effective date on the Department of State's records.	or more than 90 days after fi iling requirements, this c	ling.) Pursuant to 605,020 late will not be listed a
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	e time, at 12:01 a.	m. on the earlier
ed 09/27 2017		

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Filing Fee: \$25.00