

L/6000068901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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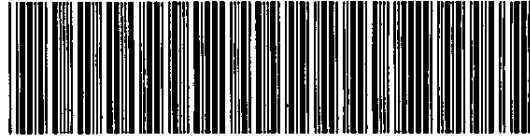
(Business Entity Name)

(Document Number)

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2016 APR 22 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR 25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CS/ logistics group LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

193210 Dosa

Name of Person

CS/ logistic group LLC

Firm/Company

1439 SW Gilroy rd

Address

Port St Lucie, FL, 34953

City/State and Zip Code

CSlogisticsgroup@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

193210 Dosa

Name of Person

at (305) 389-1218

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**  
2016 APR 22 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CS1 Logistics group 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 Company were filed on 4/7/2016 and assigned Florida document number L16000068901.

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 "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 registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Irene Dase	1439 SW Gilkey Rd	<input type="checkbox"/> Add
		PSL, FL, 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cairne Gibney	1439 SW Gilkey Rd	<input type="checkbox"/> Add
		PSL, FL, 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Laszlo Dase	1439 SW Gilkey Rd	<input checked="" type="checkbox"/> Add
	* Owner *	PSL, FL, 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FL  
 SECRETARY OF STATE  
 Add  
 Remove  
 Change

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

April 20<sup>th</sup>, 2016

NAME \_\_\_\_\_

Signature of a member or authorized representative of a member

Itene Dosa

Typed or printed name of signee