

LI6000 102766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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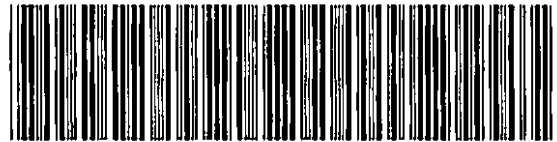
(Business Entity Name)

(Document Number)

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UJS  
4-18-19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CSB LOGISTICS 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:

Travis Martinez

\_\_\_\_\_  
Name of Person

CSB Logistics LLC

\_\_\_\_\_  
Firm/Company

441 33rd Street North Suite 1107

\_\_\_\_\_  
Address

Saint Petersburg, FL 33713

\_\_\_\_\_  
City/State and Zip Code

TravisMMartinez@gmail.com

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

For further information concerning this matter, please call:

Travis Martinez

772 631-6312  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

CSB 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 Company were filed on 05/25/2016 and assigned  
Florida document number L16000102766.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

CSB Logistics LLC

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:

441 33rd street north Suite 1007

(Principal office address MUST BE A STREET ADDRESS)

Saint Petersburg FL 33713

Enter new mailing address, if applicable:

441 33rd St North Suite 1107

(Mailing address MAY BE A POST OFFICE BOX)

Saint Petersburg FL 33713

**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:

Travis Martinez

New Registered Office Address:

441 33rd Street North Suite 1107

*Enter Florida street address*

Saint Petersburg

Florida

33713

*City*

*Zip Code*

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CLERK OF CIRCUIT COURT  
HILLSBORO, 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.*

Travis Martinez  
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	Shane Bedsole	619 BEVERLY AVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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APR 15 2014  
TALLAHASSEE, FL  
CLERK OF COURT

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

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APR 15 PM 4:01  
SEAL  
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 March 19th, 2019

*Travis Mathew*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Travis Martinez  
Typed or printed name of signatory

Typed or printed name of signee