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R. WHITE MON O C SOLO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Road Tiger Logistics LLC Name of Limite OLiability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark McCray Name of Person	
1400 Village Sq. Blud. 3-282	
Address	· ;
Tallahassee, Fl. 32312 City/State and Zip Code	
F-nfail address: No be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark McCray at (850) 339-8741 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

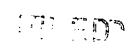
MAILING ADDRESS:

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



This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "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)		
	<u> </u>	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	Cin	Zin 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>	Address	Type of Action
AMBR	Patricia Macray	1400 Village Sq. Blud	<u>-</u> □ Add
	,	1400 Village Sq. Blud Tallahassee, FL. 36	312 1 Remove
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an e ote:	tive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
atec	11-6-19	
	Signature of a member of authorized representative of a member Mark McCrca y Typed or printed name of signee	
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Filing Fee: \$25.00