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COVER LETTER

TO:	Registration Se Division of Cor				
CUDI		LER TRANSPORT LLC	•		
SUBJ	EC1:	Name of Limi	ted Liability Company		
The en	aclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	to the following:		
		CLINTON CHANDLER			
			Name of Person		
		C CHANDLER TRANSPO	ORT LLC		
			Firm/Company		
		5740 CYPRESS CIRCLE			
			Address		
		TALLAHASSEE, FL. 3230	03		
			City/State and Zip Code		
		PEASELA1@COMCAST.N			
		·	o be used for future annual report notifica	ition) ASS 21	
For fu	rther information co	oncerning this matter, please ca	ill:	AS ES	
LEE A	A. PEASE		850 284-3696 at ()	ASSE	1 454
	Name of	f Person	Area Code Daytime To	elephone Number	ſΠ
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Enclos	sed is a check for th	ne following amount:		80 × 26	
□ \$ 2	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

(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 01/17/2017 and assigned

Florida document number L17000013664

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 neregistered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

C CHANDLER TRANSPORT, LLC

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

Enter Florida street address

Florida

7

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
MGR	JACONDRIA GIBSON	3775 MARIA CIRCLE, TALLAH/	Add
			Remove
			Change
MGR	CLINTON CHANDLER	5740 CYPRESS CIRCLE, TALLA	_ Ad d
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Effective date, if other than the d	ate of filing: 01/17/2017	(optional)	
If an effective date is listed, the date must be Note: If the date inserted in this block	k does not meet the applicable sta	of filing or more than 90 days atutory filing requirements	s after filing.) Pursuant to s, this date will not be	605.0207 listed as
document's effective date on the Dep	artment of State's records.			
he record specifies a delayed The 90th day after the reco		effective time, at 12:	01 a.m. on the ea	ırlier ot
Dated FEBRUARY 17	2017			
Dated FEBRUARY 17 Lenton Co	lassler ignature of a member or authorized r			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00