L17000018329

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COVER LETTER

TO:	Registration So Division of Co						
SUBJE		gistics Services LLC	.,				
SUBJE	~·,	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Zachary Day					
			Name of Person				
Custom Logistics Services LLC							
		 	Firm/Company				
		345 Gladesdale Street					
			Address				
		Haines City, FL 33844					
			City/State and Zip Code				
	customlogisticsservices@gmail.com						
		E-mail address: (t	to be used for future annual report notific	cation)			
For furt	her information o	concerning this matter, please ca	dl:				
Zachary	Day		407 467-8917				
<u></u>	Name o	f Person	at ()	Telephone Number			
Enclose	d is a check for t	he 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**

Custom Logistics Services LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on <u>1/23/17</u> and assigned
Florida document number L17000018329	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any 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:	- 4
(Principal office address MUST BE A STREET ADDRESS)	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	(A) (A)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	> vi
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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>	Type of Action
MGR	ALFORD, RENNE	120 WALDEMAR CT	
		WINTER HAVEN, FL 33884	■ Remove
			□ Change
MGR	DAY, VERONICA	345 GLADESDALE ST	□ Add
		HAINES CITY, FL 33844	■ Remove
			Change
	'- 10 		
			☐ Remove
			Change
			Add
			□ Remove
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ffective date, an effective date	if other than the d	ate of filing	g:d cannot be prior t	o date of filing or m	ore than 90 day	(optional) s after filing) (.) Pursua	int to 605.020
Note: If the date	e inserted in this bloc ctive date on the Dep	ck does not i	meet the applica	ble statutory filin	g requirement	s, this date	will no	t be listed a
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	cifies a delayed of a contract of the contract			an effective t	ime, at 12:	01 a.m.	on the	e earlier (
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