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S. WARREN DEC 2 6 2017

## **COVER LETTER**

<b>ȚO:</b> Registration Secti Division of Corpo			
•	B logisties	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Johanna	i Seguva	
		Segura Name of Person  7184CS, LLC  Firm/Company	
		Firm/Company	
	7202 NV	U 84 Th AVE Address	<del></del>
	Johanna E-mail address: (u	City/State and Zip Code  GCGUVA a V5B 1091  o be used for future annual report notificat	(shes com
For further information con-	cerning this matter, please ca		,
Johanna	Begura	at ( <u>786</u> ) <u>342 4</u> Area Code Daytime Te	005
Name of Pa	erson	Area Code - Daytime Te	tepnone 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

115B logis	stics, LLC	
(Name of the Limited Li (A F	iability Company as it now appears o lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L170000</u> 97		MOJ 1017 and assigned
This amendment is submitted to amend the following	ng:	
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 design	gnation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>::</b>	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of m ed agent as provided for in Cha stered office address, I hereby	w duties, and I am familiar with and appear 605, F.S. Or, if this document is
	If Changing Registered Agen	t. Signature of New Registered Agent

	Authorized Person(s) authorized to ma from our records:	mage, enter the title, name, and address of each	h person being adde
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00