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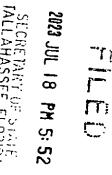
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COVER LETTER

	istration Sectision of Corpe			•	 L
-	C.D.G. LOGI	STICS LLC			,
SUBJECT:		Name of Lim	ited Liability Company		-
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		NORKA URRIBARRI			
			Name of Person		
		PROFESSIONAL SOLUT	IONS & SERVICES INC		
			Firm/Company		_ _
		4242 W 9TH TER			
		· · · ·	Address		
		SUNRISE FL 33351			
			City/State and Zip Code		_
		TAXESBYNORKA@GMA			_
For further in	iformation cor	E-mail address: (i accrning this matter, please co	to be used for future annual rep	oort notification)	
NORKA UR			954 70954	433	
	Name of F	Person	at () Area Code	Daytime Telephone Numl	ber
Enclosed is a	check for the	following amount:			
\$25,00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi ed) Certifi	Filing Fee, cate of Status & cd Copy nal copy is enclosed)
	iling Address: gistration Se	etion	Street Add Registrati		
	gistration Servision of Cor		-	on Section of Corporations	
), Box 6327	•		re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.D.G. LOGISTICS LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 11/14/2017	and assigned
Florida document number L17000235469	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	or the abbinificion B.C."
Enter new principal offices address, if applicable:		JUL JUL
(Principal office address MUST BE A STREET ADD	ORESS)	SSR &
		5: 5
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or register	red 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:		
New Registered Office Address:		<u></u>
	Enter Florida street addre:	88
		orida
	City	гір Соас

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
CEO	DENIS GAMARRA	3829 SW Kocerik St	□Add
		PORT SAINT LUCIE, FL 34953	Remove
		3829 SW Kocerik St	□Change
MGR	CHRISTIAN GAMARRA	PORT SAINT LUCIE, FL 34953	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00