## 11800000 7862

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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18 APR 19 PN 1: 32

SECRETARY OF STATE

K. SALY APR 2 0 2018

## **COVER LETTER**

|             | egistration Sed<br>ivision of Corp |  |  |   |
|-------------|------------------------------------|--|--|---|
| SUBJECT     |                                    | OGISTICS LLC                                 |  |   |
| эоваке г    | :                                  | Name of Lim                                  | ited Liability Company   |   |
| The enclos  | ed Articles of A                   | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please retu | rn all correspor                   | ndence concerning this matter                | to the following:  |   |
|             |                                    | ADAM IBRAHIM                                 |  |   |
|             |                                    |  | Name of Person   |   |
|             |                                    | ROAD TEN TRUCKING,                           | LLC  |   |
|             |                                    |  | Firm/Company   |   |
|             |                                    | 5030 CHALET COURT U                          | NIT 616  |   |
|             | Address                            |  |  |   |
|             |                                    | TAMPA, FL 33617                              |  |   |
|             |                                    |  | City/State and Zip Code  |   |
|             |                                    | ADAMKHATER8045@GN                            | MAIL.COM to be used for future annual report notifi                | cation)   |
| For further | information co                     | oncerning this matter, please ca             |  |   |
| KEITH D.    | HARRIS                             |  | 727 233-1947<br>at ()  |   |
|             | Name of                            | Person                                       | Area Code Daytime  | Telephone Number  |
| Enclosed is | s a check for th                   | e following amount:                          |  |   |
| □ \$25.00   | Filing Fee                         | ■ \$30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|             |                                    | NG ADDRESS:                                  | STREET/COURIE Registration Section                                 |   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

APR 19 PH 1: 33

ds.)

DAMAS LOGISTICS LLC

(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 v   | vere filed on 01/09/2018   | and assigned                |
|---|--|-----------------------------|
| Florida document number L18000007862  |  |                             |
| This amendment is submitted to amend the following:   |  |                             |
| A. If amending name, enter the new name of the limited liabil   | ity company here:  |                             |
| ROAD TEN TRUCKING, LLC  |  |                             |
| The new name must be distinguishable and contain the words "Limited Liabili   | y Company," the designation "LLC" o  | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                             |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                             |
|   | Accessed to the Control of the Contr |                             |
| Enter new mailing address, if applicable:   |  |                             |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                             |
|   |  |                             |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address: |  | enter the name of the new   |
| New Registered Office Address.  | Enter Florida street address   |                             |
| •   | ETHET FROTIAGE SITEEL GRATESS  |                             |
|   |  | da                          |
| ·   | . Flori  | da<br>Zip Code              |
| New Registered Agent's Signature, if changing Registered Agent:   |  | da<br>Zip Code              |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

| MGR = Manager AMBR = Authorized Member |  |  | 18 FILED   |                |
|--|--|--|--|----------------|
| . <u>Title</u>                         | <u>Name</u>  | Address  | 18 APR 19 PM 1: STATE  | Type of Action |
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|   | 01/25/2018   |
| . Effective date, if other than t         | date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| <b>Note:</b> If the date inserted in this | ock does not meet the applicable statutory filing requirements, this date will not be listed as the  |
| document's effective date on the          | epartment of State's records.  |
| the record specifies a delay              | d effective date, but not an effective time, at 12:01 a.m. on the earlier of:  |
| b) The 90th day after the re              | ord is filed.  |
| ADDII 16                                  | 2018   |
| Dated APRIL 16                            |  |
|   |  |
|   | Signature of a member or authorized representative of a member   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00