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COVER LETTER

TO: Registration Division of C			
	gistics Brokerage, LLC		
SUBJECT:	Name of Lim	ited Liability Company	Man and the man
The enclosed Articles	of Amendment and fee(s) are sub	unitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Brian K. Mathis		
	641.5	Name of Person	
	Taylor & Associates, Attor	meys at Law	
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	20 3rd St. SW, Suite 209		
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	Winter Haven, FL 33880		P. Comments
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	bmathis@taylorattorneys.nc	to be used for future annual report notification)	
			77- 0
For further information	concerning this matter, please co	MC	
Laura Densford		863 875-6950 at ()	
Name	of Person	Area Code Daytime Telephor	nc Number 37
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)
	LING ADDRESS:	STREET/COURIER ADD Registration Section	PRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Logistics Brokerage, LLC			
(Name of the Lin	u <mark>ited Liability Company as it now a</mark> (A Florala Limited Liability Comp	ppenrs an our recards.) any)	
The Articles of Organization for this Limited Florida document number L18000084718		n 3/29/2018	_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compar	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	No. 1	A TO THE TOTAL PROPERTY OF ANY
(Principal office address MUST BE A STRE	ET ADDRESS)	approximate the second	
	f a sty policiniscom		NO CO CO CO CO CO CO CO CO CO CO CO CO CO
Enter new mailing address, if applicable:	and the second s	The state of the s	1
(Mailing address MAY BE A POST OFFICE	* #	A Company of the Comp	
D. H. a. K. a. A			O armin
B. If amending the registered agent and registered agent and/or the new registered of	vor registered office addres office address here:	s on our records, ener on	· 5
Name of New Registered Agent:	Beth Mancebo		
New Registered Office Address:	5246 NW 110 Avenue	r Florida street address	
		, Florida <u>33076</u>	
	City	trining	Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must be specific and cannot be prior to dat ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	e of filing or more than 90 days aff statutory filing requirements, th	ter filing.) Purst his date will n	iant to 605. of he liste	0207 d as
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sted 05/04/2018				
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Signature of a member or milherized	representative of a member			

Page 3 of 3

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