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C. GOLDEN MAR 3 0 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A CLASS LOGISTICS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Damia Gilner
Name of Person
Figure 2
Firm/Company
3976 Coral Tree Circle
Address
Coconut Creek FL 33073
Coconut Creek FL 33073 City/State and Zip Code DGINET Layahoo, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Damig Gilner at 954 899-8145 Name of Person Area Code Daytime Telephone Number
ranie or r cison russes and research payone receptone runtice
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

FILED

A Class Logis	thics LLC	2019 MAR 21 PM 1: 24
	pility Company as it now appears ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000044104</u>	Company were filed on	2/13/19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li A CIASS TVANS POR The new name must be distinguishable and contain the words "!	+ GROUD	LLC
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	~	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futor Flore	da street address
	Enter rion	
_	City	, Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if other effective date is listed, t e: If the date inserted ument's effective date	he date must be specif d in this block does	fic and cannot be pri not meet the appl	icable statutory fil	more than 90 days af	tional) er filing.) Pursuant to 605. nis date will not be liste
record specifies a he 90th day after			ot an effective	time, at 12:01	a.m. on the earlie
ed March	19	_, 2019	<u>7</u>		
	/ -	Silver of a member of a w	ethorized representati	ve of a member	
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Filing Fee: \$25.00