## 120000048395

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## **COVER LETTER**

TO:	Registration Se Division of Cor			· .
cun u	:> &>qp		OGISTICS SERVICES LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			ALAN MARTINEZ	<u> </u>
			Name of Person	
		<del></del>	SIMPLEX GROUP	
			Firm/Company	
			7500 NW 52ND ST STE 100	
			Address	
			MIAMI, FL 33166	
			City/State and Zip Code	
			ocessingpermits@simplexgroup.net to be used for future annual report notification)	
For fu	rther information o	concerning this matter, please c	•	
	ALAN MARTIN	IEZ / SIMPLEX GROUP	305 599-8287 at ( )	
	Name o	of Person	Area Code Daytime Telephone I	Number
Enclos	ed is a check for t	he following amount:		
□3 \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TADES LOGISTICS SERVICES LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on c liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL20000048395	were filed on2/1	1/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
S M LAMAR LOGISTICS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1551 DREXE	L AVE APT 5	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEA	CH, FL 33139	70
			0 M5 Y
Enter new mailing address, if applicable:	1551 DRE	XEL AVE APT 5	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BE	EACH, FL 33139	PH
			٠٠.
			w
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:	1551 DREXE	L AVE APT 5	
	Enter Florida sti	reet address	
	MIAMI BEACH	, Florida	33139
	City		Zıp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap.	luties, and I am f ter 605, F.S. Or,	amiliar with and if this document is

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 og removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DURAN, BICKS	1551 DREXEL AVE APT 5	
		MIAMI BEACH, FL 33139	□Remove
			□Add
		<del></del>	□Remove
			□Change
			□Adđ
			□ Remove
			□Change
			□Add
			□Remove
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		□ Remove	
			□Change
			□Add
		<del>-</del>	□Remove
			□Change

If amending any other information, enter change(s)	nere: (Auach adainonai	sneers, ij necessary.)
Effective date, if other than the date of filing:	5/4/2020	(optional)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re-	applicable statutory filing req	quirements, this date will not be listed as the
e record specifies a delayed effective date, but not an effected is filed.	tive time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after the
Dated MAY 4TH , 202	0	
Signature of a member of	r authorized representative of a	member
· · · · · · · · · · · · · · · · · · ·	*	

Filing Fee: \$25.00

Typed or printed name of signee