LZ0 000186292

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: RM	Superior Long Name of Lim	CCISTICS LLC ited Dability Company	·
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	heave	Name of Person	
	RM SUP	erior Logisti	CSLLC
	4749 Rac	Modress Court F	7pt 3
		City/State and Zip Code	
	DOISTICS JE-mail address: (1	to be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca	all:	
Kenya M Name of P	E(Q1) erson	at (101) 520-	854) Telephone Number
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)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number_L 20000 18 6292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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: Enter Florida street address 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
MCR	henja McCall	4749 Radciat Court Apr 3, Jackson Me, FL 32	ivAdd
			Remove
			□Change
MOR	Rodney R Maxuell	5530 Calbot Drive Not Jacksonville, FL 32244	<u>√</u> □Add
			Remove
			□Change
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an effec ote:	tive date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ned/	ebruary 2 . zozl.
	Signature of a member or authorized representative of a member
	- heard M=(all lyped or printed name of signee

Filing Fee: \$25.00