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SECRETARY OF STATE
TALL A HASSEF, FL

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
subject: <u>CHR</u>	15 TRANSPORTA	tian & logisti	<u>cs ll</u> C	FILED 2020 AUG 10 PH 12: 51
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		SECRETARY OF STATE TALLAHASSEE, FL
Please return all correspo	ondence concerning this matter	to the following:		MALLAMASSEE, FL
		N CHRISTOPHE		
	CHRISTRANS	Portation & le	gistics	llc
	120 NW 5	56 Street		
	Fort Land	endale FL 33 City/State and Zip Code	309	
	<u>CHRISTIAN</u>	Christophe att.	ication'	
For further information e	oncerning this matter, please c	ali:		
CHRISTIAN C	HRISTOPHE FPerson	at (<u>954</u>) <u>683</u> Area Code Daytim	7257 e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	El \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	2 \$60.00 Films Certificate of Certified Co (additional cop	of Status & opy
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CHIUS TDANSFORTOT	ions logisti	CS 2020 AUG 10 PH 12: 51
CHRIS TOANSTOR (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor (ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 13.	SECRETARY OF STATE TALLAHASSEF, FL and assigned
Florida document number <u>L 20060199903</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	iddress on our records, <u>ente</u> i	r the name of the new registered
Name of New Registered Agent: CHRISTI	AN CHRISTOPL	12
New Registered Office Address: (20 NW	Enter Flori	
<u> </u>	audyclate F	lorida <u> </u>
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ce to act in this capacity. I fi	arther 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, coter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	CHRISTIAN CHRISTOPHE	<u>120 MW 56 st. FLH</u>	% Add
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effective date is	other than the dat listed, the date must be s	pecific and cannot be	prior to date of filing	or more than 90 da	(optional) ys after filing.) Pursu	ant to 605,02
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	•					
ord specifies a	delayed effective dat	e, but not an effecti	ive time, at \$2:01.	a m, on the earlier	of: (b) The 90th	day after th
filed.						·
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Filing Fee: \$25.00