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COVER LETTER

		tration Section of Corp			
C110 1E7	N.	4CB Transp	oort LLC		
SUBJEC	_ :۱.		Name of Lim	ited Liability Company	
			omendment and fee(s) are sub	_	
r rease re		и селгеаров	Denise Gutierrez	to the following.	
				Name of Person	· · · · · · · · · · · · · · · · · · ·
			DOT Carrier Solutions Inc		
	Firm/Company				
			2555 NW 102 Ave #110		
				Address	
			Doral, FL 33172		
				City/State and Zip Code	
			dotcarriersolutions@yahoo. E-mail address: (6)	com to be used for future annual report no	otification)
For furth	er info	ormation co	ncerning this matter, please ca	all:	
Denise (iutierr	ez.		786 608-7237	
-		Name of	Person	at () Area Code Dayti	ime Telephone Number
Enclosed	l is a c	heck for the	following amount:		
■ \$25.0	00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Capy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: 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

MCB Transport LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/22/20}{2}$ Florida document number 1.20000201579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BMC Logistics LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 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 _, Florida _

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.

City

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 regioved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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	the date must be specified in this block does	fic and cannot be prio not meet the appli	r to date of filing or meable statutory filin		nal) Hing.) Pursuant to 605,0207 date will not be listed as
e record specifies a delayed is filed.	red effective date, bu	at not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated July 22		2020	·		
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Filing Fee: \$25.00