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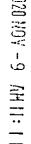
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
cun II	Country Ro	oads LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jessica Cothern		
			Name of Person	
		Law 4 Small Business, P.C	<u>.</u>	
			Firm/Company	
		320 Gold Ave. SW, Ste. 6.	20	
			Address	
		Albuquerque, NM 87102		
			City/State and Zip Code	
		FILINGS@L4SB.com E-mail address: (to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please co		,
Jessica	Cothern		505 715-5700 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

Country Roads LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records lability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company v	were filed on 08/13/2020	and assigned
lorida document number L20000247912		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
anguard Logistics, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
		20
		- 5 7
		9
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)		三
	·	Table .
If amending the registered agent and/or registered office actent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:		
110 1 100 1100 1100 1	Enter Florida street address	·
	, Flo	orida
	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
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fective date, if other than t	he date of filing:	(opti	onal)
ote: If the date inserted in this	must be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.		
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after th
November 5	2020		

Typed or printed name of signee