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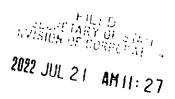
COVER LETTER

TO:	Registration Se Division of Cor			
CUBIC		Bar Logistics LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Charles Smalley		
			Name of Person	
		Crescent S Bar Logistics L	LC	
Charles Smalley Name of Person Crescent S Bar Logistics LLC Firm/Company 3602 Swatts Rd Address Tallahassee, FL 32303 City/State and Zip Code casrodeo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Smalley 863 781-3935				
Address				
Address Tallahassee, FL 32303 City/State and Zip Code				
			City/State and Zip Code	
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For furt	her information c		·	meanon
Charles	Smalley			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for tl	ne 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:
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



Crescent S Bar Logistics LLC

company has been notified in writing of this change.

any as it now appears on our records. Liability Company))
y were filed on 12/28/2020	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Crescent S Bar LLC 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 address here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
3602 Swatts Rd	
Tallahassee FL 32303	
3602 Swatts Rd	
Talłahassee FL 32303	
address on our records, enter t	he name of the new regi
Enter Florida street address	
	rida
	ridaZip Code
	bility company here: ility Company," the designation "LLC" 3602 Swatts Rd Tallahassee FL 32303 3602 Swatts Rd Tallahassee FL 32303

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>	<u>Name</u>	Address	Type of Action
NA			□Add
			□ Remove
			Change
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Page 2 of 3

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(If an el	tive date, if other than the date of filing: O7/15/2022 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed that the date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.	r of:
Datas	07/15/2022	
Dated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	1	