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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	CX Logistics JName of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Chaunce	f Edwards Sk Name of Person	<u>-</u>
		Finn/Company	
	9033 Egr	et Cole Cir.	<del></del>
	RIVERVIEW,	F1. 33578 City/State and Zip Code	<del></del>
		cey 6 yoh o. com	<del>)</del>
For further information co	ncerning this matter, please cal		
Chauncey	Edwards St. Person	at (813) 317-923 Area Code Daytime Telepl	ione Number
Enclosed is a check for the	following amount:		
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Solution 555.00 Filing Fee & Solution 555.00	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassas El 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CX Logistics LL	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Cx Logistics LLC
(Principal office address MUST BE A STREET ADDRESS)	801 Rédipine DR.
	Bainbridge, GA. 39817
Enter new mailing address, if applicable:	9033 egret Cove Ciri
(Mailing address MAY BE A POST OFFICE BOX)	RIVERVICW, Fl. 33578
	Chauncey Edwards SR.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Citv

## 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 added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action Georgia M. McCulluni 521 Independence Ct. MAdd

Rad Cliff, Ky. 40160 

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an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	or more than 90 days a	fter filing \Pursum	t to 605.020 be listed a
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