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SECLETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CRT TOCKING LOC Name of Limited Liability Com	J. 54; (5 L L C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christeau (ez	rson
C8J Truchin	9 LOSISTICS LLC
2060 NW 68 VAddress	1014
SUNVISE FL City/State and Z	33313 Sip Code
CMC:5+CQU CEZC E-mail address: (to be used for future	CI (e 80 @ UCI h00 · COM re annual report notification)
For further information concerning this matter, please call:	
Chr. Steau CeZaire at Marea C	Ode Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Fil Certificate of Status Certified (additional of	_ -

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

iability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3117Florida document number L 22000133 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) ယ 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

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 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
MBA	Christeaucezaire	2960 NW 68 WAY 5001:50 FL 33:313	2_ QAdd
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		0010011011	□Change
CEO	Chr: Steau Cezail	2960 NW 68 Way C SUNY SE EL 3331	<u>S</u> □Add
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days			
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Administrative date on the Department of State 3 records.			
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	of (b) The O	Oth day aft.	or the
s filed.	л. (U) - ПС У	our day ailt	ei uit
ded M/QM 30 , 2027.			
Signature of a member or authorized representative of a member			
Christeau Cezaire Typed or printed name of signee			