

M14 00000 1772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

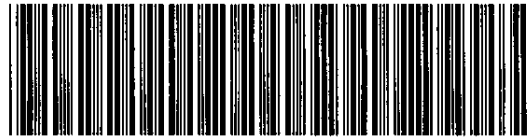
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262335716

07/28/14--01039--006 **25.00

FILED
14 JUL 28 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMX Global Logistics, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adriana Ku

Name of Person

Carico Johnson Toomey LLP

Firm/Company

841 Apollo Street, Suite 450

Address

El Segundo, CA 90245

City/State and Zip Code

aku@cjtllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Ku

Name of Person

at (310) 545-0010

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CMX Global Logistics, LLC
2. Jurisdiction of its organization: M14000001772
3. Date authorized to do business in Florida: March 17, 2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Grant John Seeley, Member/Manager, 841 Apollo Street, Ste 450, El Segundo, CA 90245,

Gady Natasha Shawo, Manager, 841 Apollo Street, Ste 450, El Segundo, CA 90245

7. Attached is an original certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of authorized representative

Grant John Seeley, Manager

Typed or printed name of signer

Filing Fee: \$25.00

14 JUL 28 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA