## M1800000 5662

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FILED

2018 DEC -3 PH 3: 41

SECRETARY OF STATE
TALLAHASSEE, FATE

1/2018

## **COVER LETTER**

		stration Section of Corp			
eud iez		TriCon Logi:			
SUBJEC	-li.		Name of Limi	ted Liability Company	
The encl	osed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	turn a	all correspon	dence concerning this matter t	o the following:	
			Chelsea Pavona		
				Name of Person	
			TriCon Logistics LLC		
				Firm/Company	<del></del>
			1040 Trade Ave., Suite 106	,	
				Address	
			DFW Airport, TX 75261		
				City/State and Zip Code	
			cpavona@tricon-logistics.co		
			E-mail address: (to	o be used for future annual report no	otification)
For furth	er inf	formation cor	ncerning this matter, please ca	li:	
Chelsea	Pavo			at () 456-1560 Area Code Dayti	
		Name of I	Person	Area Code Dayti	me Telephone Number
Enclosed	i is a c	check for the	following amount:		
<b>■</b> \$25.0	00 Fil	ling 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

2018 DEC - 3 PM 3:41

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on oun reold HASSEE, FL
(A Florida Limited Liability Company) TRICON LOGISTICS LLC

The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/29/2	018 and assigned
Florida document number M18000005662	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
	City	, Florida 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 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>	Name	<u>Address</u>	Type of Action
CEO	CHRIS CONDON	<del></del>	Add
			□ Remove
		701 WINDSOR CT, HIGHLAND VILLAGE, TX 75077	■ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	Remove
		· <del> </del>	Change
			Remove
			Add
			Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:	:07 (3)( as the
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	November 20 2018	
	Signature of a member or authorized representative of a member	
	Chris Condon  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00