

MI9000008176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

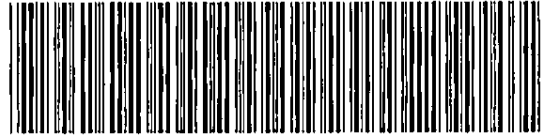
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 10 2019  
M. SOLOMON



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/09/2019

Name: Merritt Walker

Reference #: 1138830

Entity Name: COUSINS LOGISTICS, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: *MW*

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

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: COUSINS LOGISTICS, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M19000008176

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 21, 2019

**SECTION II (5-9 complete only the applicable changes)**

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

(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," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, Florida

*City*

*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

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

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a 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 the authorized representative

Louis Karpel

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**


# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COUSINS LOGISTICS, LLC", CHANGING ITS NAME FROM "COUSINS LOGISTICS, LLC" TO "ANTHYM LOGISTICS, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF OCTOBER, A.D. 2019, AT 4:26 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

7489196 8100  
SR# 20197445781

Authentication: 203754590  
Date: 10-09-19

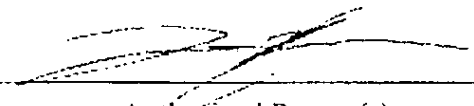
## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: COUSINS LOGISTICS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**Article First of the Certificate of Formation is hereby deleted in its entirety and replaced with the following:**

**First: The name of the limited liability company is ANTHYM LOGISTICS, LLC**

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 8th day of October, A.D. 2019.

By:   
Authorized Person(s)

Name: Louis Karpel  
Print or Type

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