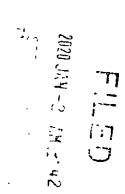
M1900001111

(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



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Y SULKER

20103200

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 119201 4320788					
COST LIMIT : \$ 25.00					
COST LIMIT : \$ 25.00					
ORDER DATE: December 31, 2019					
ORDER TIME : 9:13 AM					
ORDER NO. : 119201-010					
CUSTOMER NO: 4320788					
FOREIGN FILINGS					
NAME: PREFERRED FREEZER SERVICES TRS, LLC					
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY					
XXXX AMENDMENT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Kadesha Roberson EXT# 62969					

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Preferred Freezei	r Services TRS, LLC
	reign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Name of Person	<u>. </u>
Firm/Company	
Address	
City/State and Zip C	Code
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this mat	ter, please call:
Name of Person	at () 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 amo \$\sum \\$25 \text{ Filing Fee} \sum \\$30 \text{ Filing Fee & Certificate of State}	☐ \$55 Filing Fee & ☐ \$60 Filing Fee.

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 appea	urs on the records of the Florida	Department of		
State: Preferred Freezer Services	TRS, LLC			
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2020 JA.1 -	
2. The Florida document number of this limited li	iability company is: M1900	0011111		
3. Jurisdiction of its organization: Delaware		<u></u> .	<u> </u>	
4. Date authorized to do business in Florida: No	ovember 18, 2019			
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	• •	ices PFS, LLC	r "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or main must contain "Limited Liability Company," "L.L.	anaging members adopting the	s business in Florida an alternate name. The al	nd attach a ternate name	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our recor address here:	ds, enter the name of t	he new	
Name of New Registered Agent:				
New Registered Office Address:	Even Class	de Stonet (ddoore		
	Enter Flori	Enter Florida Street Address		
	City	Florida Zip (Code	
New Registered Agent's Signature, if changing Rel I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this cape r and complete performance of stered agent as provided for in e in the registered office addres	my duties, and I am fo Chapter 605, F.S. Or,	umiliar with if this	

 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: 					
			Add		
			Remov		
			Add		
			Remov		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		

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.

See Attached Signature Page Signature of the authorized representative

See Attached Signature Page

Typed or printed name of signee

Filing Fee: \$25.00

PREFERRED FREEZER SERVICES TRS, LLC, a Delaware limited liability company

Name: Jason E. Burnett
Title: Executive Vice President, General Counsel

& Secretary

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PREFERRED FREEZER
SERVICES TRS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "LINEAGE LOGISTICS SERVICES PFS, LLC" ON THE
THIRTIETH DAY OF DECEMBER, A.D. 2019, AT 8:47 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF

JANUARY, A.D. 2020 AT 12:02 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204333026 Date: 12-31-19

7538737 8320 SR# 20198961868