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COVER LETTER

TO: Amendment Section Division of Corporations	2018
NAME OF CORPORATION: Logger	head Parge Company 5
DOCUMENT NUMBER:	03625
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
8777 S Tackson	Name of Contact Person tree law Group, P.A. Firm/Company an Jose Blud., aldy A, Ste. 200 Address ville Florida 32717 City/ State and Zip Code valture firm. com sed for future annual report notification)
	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made \$\sum{2}\$ \$35 Filing Fee & Certificate of Status}	payable to the Florida Department of State: \$\Begin{align*} \D\$\$ \$43.75 \text{ Filing Fee} & \Begin{align*} \Begin{align*} \P\$\$ 52.50 \text{ Filing Fee} & \Begin{align*} \Begin{align*} \P\$\$ Certificate of Status & \Begin{align*} \Additional \text{ Copy} & \Begin{align*} \
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation of Logger head Partie Company (Name of Edizoration as currently filed with the Florida Dept. of State) Logger head Partie Company (Name of Edizoration as currently filed with the Florida Dept. of State) Logger head Company (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to the Articles of Incorporation: Logger head Transfort Company The new manner of the corporation: Logger head Transfort Company The new remove the designation of the appointment of the surporation of the position of the new name of the corporation of the position of the new registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida suresi address) New Registered Office Address: (Cip) (Cip) (Cip) (Cip Code)	Art	ticles of Amendment	,
(Name of Exproration as currently filed with the Florida Dept. of State) SO3(o25 (Document Number of Corporation (if known) (If known) (If amending name, enter the new name of the corporation: Complany The new ame full be distinguishable and contain the word "corporation," "dompany or "incorporated" or the abbreviation (Corp., "Inc.," or "Co.", or the designation "Corp.," "Inc.," or "Co.", a A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Cype Coval farkway Florida street address; Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Florida Cip Code)	Artie	· · · · · · · · · · · · · · · · · · ·	
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If amending address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent (Cip) ((Name of Corporation as	s currently filed with the Florida Dept. of State	ري = د
resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation: If amending name, enter the new name of the corporation: Organnia Transport Company The new me must be distinguishable and contain the word "corporation," "dompany) or "incorporated" or the abbreviation forp, "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the rd "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: [1217 Cape Coval Parkwat/circipal office address MUST BE A STREET ADDRESS] Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florido street address) New Registered Office Address: [Cip) (Zip Code)	50	23625	<u> </u>
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If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent Name of New Registered Agent New Registered Agent New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, if changing Registered Agent's Signature	rsuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following at	mendment(s) to
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If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent		(S) 1217 Cape Coval, FL 3:	Parkway 3904
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City)			
(Florida street address) New Registered Office Address:	new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:	
New Registered Office Address:	Name of New Registered Agent		
(City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:		Florida street address)	
(City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:		
w Registered Agent's Signature, if changing Registered Agent: creby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City) (Zip Code)	,
w Registered Agent's Signature, it changing Registered Agent: Preby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Designation of American City		
	w registered Agent's Signature, if changing Registered ereby accept the appointment as registered agent. I am for	d Agent: Camiliar with and accept the obligations of the position	
	·	, see a see and see and position.	
Signature of New Registered Agent, if changing	S:	of New Penisters of Court of	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

. Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
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an amondment available for	
ovisions for implementing the amon	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
the miner	rament if not contained in the amendment itself:
(II not applicable, indicate N/A)	
(if not applicable, indicate N/A)	1//1
(ij noi applicable, inalcale N/A)	NIA
(ij noi applicable, inalcale N/A)	NA
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The date of each amendment(s) adoption: (Described 25.7). date this document was signed.	et 8, if other than the
Effective date if applicable: October LS 20 (no more than 90 days after an	? (∑
(no more than 90 days after at	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for	approval
by	,,
by	 _
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated 11/2/2018	
Dated 11/2/18 Signature Tema Soital	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	or officers have not been iver, trustee, or other court
Tema Goet 20 (Typed or printed name of person si	
(Typed or printed name of person si	igning)
President	
(Title of person signing)	

Crabtree Law Group, P.A.

ATTORNEYS AND COUNSELORS AT LAW

ZÁCHARY C. CRABTREE CHARLES W. BROWN, JR. RACHEL R. TAUBE

A. M. CRABTREE, JR. (1924-1995)R. R. CRABTREE

(1955-2017)

8777 SAN JOSE BOULEVARD **BUILDING A. SUITE 200 JACKSONVILLE, FLORIDA 32217**

> TELEPHONE (904) 732-9701 TELECOPIER (904) 732-9702

November 7, 2018

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Loggerhead Barge Company Name Change to

Loggerhead Transport Company

Document Number: S03625 Our File Number: 18-0158PV

To Whom It May Concern:

In reference to the above described matter, please find enclosed the necessary Cover letter and Articles of Amendment forms. Also, enclosed please find the check for \$35.00 for the filing fee.

If you should have any questions in regard to this matter, please do not hesitate to contact our office.

Sincerely,

:crr Enclosures