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FILED
10 JUN 21 PM 4: 15
SECRETARY OF STATE
SECRETARY OF FLORID.

J. BRYAN

JUN 2 2 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:N	ORTH AMERICAN	LOGISTICS SERVICES L	.LC	<b>÷</b>
SOBJECT.		ited Liability Company		
The enclosed Articles of	if Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	PER	MITTING DEPARTMENT		
		Name of Person		
	· <b>T</b> I	HE SIMPLEX GROUP		
		Firm/Company	<u> </u>	
		5800 NW 74TH AVE		部 5 五
		Address		经第二
	·	MIAMI FL 33166		ASSI MA
		City/State and Zip Code		PA F.
	E-mail address: (	to be used for future annual report notification	on)	SET TO
For further information	concerning this matter, please c	ail:		Du C
	ING DEPARTMENT		9-8287	, -
. Name	of Person	Area Code & Daytime Te	lephone Number	•
-Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH AMERICAN LOG	SISTICS SER	VICES LLC	
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appea jability Company)	rs on our records.)	
,			
The Articles of Organization for this Limited Liability Company	were filed on	03/10/2006	and assigned
Florida document numberL06000026066			
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limited liab	ility company her	·e:	
	:;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u> '	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	uny," the designation "L	LC" or the abbreviation
		/	3.0 <b>4</b>
Enter new principal offices address, if applicable:			To a TI
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	- 発生 =
		·	- PA 12
			EFO 7
Enter new mailing address, if applicable:	6		For
(Mailing address MAY BE A POST OFFICE BOX)			95
			DE DE
B. If amending the registered agent and/or registered of		our records, <u>enter th</u>	ie name of the new
registered agent and/or the new registered office address here	2		
N. N. COV. B. C. C.			
Name of New Registered Agent:	·····		
New Registered Office Address:			
	En	er Florida street addr	ess
		, Florida	
	City		Zip Code
Name Danieland A. a. 45-01 a. 4. a. 16 1 a. 1 a. D. 14. a. 1			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	RIGOBERTO DIAZ	5719 SW 42 TERR SOUTH MIAMI FL 33155	Add Remove
<del></del>			Add Remove
			Add Remove
•			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ding any other information, ent	er change(s) here: (Altach additional sheets, if necessa	SECRETARE TO JEE
			10 JUN 21 PH 4: 15 SECRETARY OF STATE ALLAHASSEE, FLORID
			FE STATE FELORIDA
Dated	June 16th	,	,•
		11/1/1	
-	Signature of	a member or authorized representative of a member 10 10 10	ndanille
		Typed or printed name of signee	e
-		Page 2 of 2	

Filing Fee: \$25.00