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2012 AUG 20 AM 8: 52

J. SAULSBERRY EXAMINER AUG 21 2012

COVER LETTER

Divis	on of Corporations	•	
SUBJECT: _	QUALITY CARRIE	ER CONNECTION, LLC.	
SOBJECT: _		ted Liability Company	
	Articles of Amendment and fre(s) are sub	_	
		· ·	
	P	ermitting Department	
		Name of Person	
	Th	ne Simplex Group Inc.	
		Firm/Company	201 TAJ
		5800 Nw 74th Ave	2 AU
		Address	2012 AUG 20 SECRETARY TALLAHASSE
		Miami FL 33166	
		City/State and Zip Code	OFSTATE FLORID
	E-mail address: (t	o be used for future annual report notificati	<u>nn)</u>
For further infe	ormation concerning this matter, please c	all:	
	Permitting Department	at (305) 59	9-7692
	Name of Person	Area Code & Daytime Te	
	<i>3</i>		
Enclosed is a	heck for the following amount:		
\$25.00 Fili	ng Fee \$\sqrt{\$30.00 Filing Fee &}\$\text{Certificate of Status}\$	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY	CARRIER (CONNECTIO	N, LLC.		_	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)		-	
The Articles of Organization for this Limited I	Liability Company	were filed on	05/25/2007	and	assigned	Ŀ
Florida document number L0700005	6341					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	<u>re</u> :			
	SPES LOGIS	STICS LLC.				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation	"LLC" or t		viation
Enter new principal offices address, if appli	cable:	5800 NW 74	TH AVE	250	2612	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33166		AK M	Š	
				AR ASS	20	
				EE.	至	[ï
Enter new mailing address, if applicable:		5800 NW 74	TH AVE	FLO	_ <u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33	3166	<u> </u>	<u>5</u>	
						
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ente</u>	r the nam	e of the	e new
Name of New Registered Agent:	N/A		<u> </u>			
New Registered Office Address:	N/A			<u>. </u>		
		Enter Florida street address				
			, Florida			
		City		Zip C	ode	

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

Managing Member	•		
Name	2	Address	Type of Action
		· .	Add
•	<u>i</u>		Remove
			Add
			Remove
			Add
			Add Remove
			Add Remove
	<u> </u>		Add Remove
nding any other info	rmation, enter change	e(s) here: (Attach additional sheets, if necessary.	2012 AUG SECRETA TALLAHAS
I/A	;		2012 AUG 20 SECRETARY (TALLAHASSEE
	``		AM & 52 France
August 138	, 20	12	
X			
A /	•		-
	Name Adding any other info	Name August 138h Signature of a member Ga	Name : Address :

Page 2 of 2

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