(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

G. MCLEOD

JUL - 7 2009

EXAMINER



300157818073

07/06/09--01010--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AJS Logistic Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saul MPerez Name of Person
AJS Logistic Services LLC
1382 Barcelouz Way
Address
Weston + L 33327
City/State and Zip Code Saurpeze hotus Le. Cou E-mil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Soul Mlevez at (954) 349 - 4012 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \tag{\$\text{Solo} \text{Filing Fee} \text{\$\text{Certificate of Status}}}\$ \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$

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

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



B. If amending the registered agent and/or registered office 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 F	Florida street address
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	AND SERVICE CO. AND SERVICE CO		Add Remove
e ganagaja V que venen samujulning		the state of the state of the Auditor of the State of the	Add Remove
			Add Remove
and the second of the second o			☐ Add ☐ Remove
			Add Remove
). If amen A	. , , , , , , , , , , , , , , , , , , ,	change(s) here: (Attach additional sh	
1		ed is: Transportation	ou ofall
	supplies, medice Lawful, Busine	ues, Foods ou	d any sud
Dated	Lawfol, Busine jone 02	2009.	
	Signature of a m	ember or authorized representative of a n	nember

Page 2 of 2

Filing Fee: \$25.00