

Division of Corporations

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L12002086543
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PAUL SALVER, P.A.
Account Number : J20020000087
Phone : (954)389-1333
Fax Number : (954)389-1397

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH AMERICAN LOGISTICS SOLUTIONS LLC**

Certificate of Status	1
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Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH AMERICAN LOGISTIC'S SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 7/2/12 and assigned Florida document number L12000086543

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5050 NW 74 AVENUE SUITE 108 MIAMI, FL 33166 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 5050 NW 74 AVENUE SUITE 108 MIAMI, FL 33166 (Mailing address MAY BE A POST OFFICE BOX)

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: PAUL SALVER, PA

New Registered Office Address: 2721 EXECUTIVE PARK DRIVE, SUITE 3 WESTON, Florida 33331 (Enter Florida street address, City, Zip Code)

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 605, 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.)

Handwritten signature of Paul Salver, PA

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAMIAN DIAZ	5050 NW 74 AVE., SUITE 108	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LINCOLN FONTANILLS	5050 NW 74 AVE., SUITE 108	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Decision of Corporation

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