## L13000056971

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SECRETARY OF STATERALLAHASSEE FLORINA

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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Finesse Logistics, 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:

Talia Enzer

Name of Person

Finesse Logistics, LLC.

Firm/Company

11911 US Hwy 1 Suite 201-08

North Palm Beach, FI 33408

City/State and Zip Code

Finessemarinegroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Talia Enzer

at ( 561 ) 351-9829

Area Code & Daytime Telephone Number

Name of Person

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) □\$60.00 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 ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finesse Logistics, LLC.	Liability Company as it now appears	on our records )	
(A	Liability Company as it now appears Florida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Lia Florida document number L 13000050	ability Company were filed on <u>4</u> -971	<u>-/</u> 8-13	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compan	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:		13 141
(Principal office address MUST BE A STREET			SEP SEP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		30 PM 12: 3
B. If amending the registered agent and/o registered agent and/or the new registered off		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	11911 VS Highwa Ente North Palm Bch City	ry 1 Suite 20	1-08
	North Palm Bch	r riorida street add	aress 33408
	City	, riorida	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Colleen Cummings	11911 US Hwy 1	Add
		Suite 201-08	Remove
		North Palm Beach, FI 33408	3
			Add
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			12: 37
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D. If amending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)
Address change to	11911 US Hwy 1 Suite 201-08
North Palm Beach,	FI 33408
Dated September 24th	2013
- Jaka Brighturd	a member or authorized representative of a member
Talia Enzer	*
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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