

L 14000117274

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

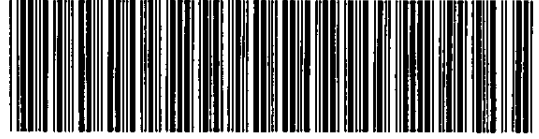
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 16 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: QUICKEN 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:

**MARCO A REIS**  
\_\_\_\_\_  
Name of Person  
**USA TAX CORP**  
\_\_\_\_\_  
Firm/Company  
**591 E SAMPLE ROAD**  
\_\_\_\_\_  
Address  
**POMPANO BEACH FL 33064**  
\_\_\_\_\_  
City/State and Zip Code  
**RODRIGO@USATAXFL.COM**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARCO A REIS** 954 788-1818  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone 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)
- \$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**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

QUICKEN LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/25/2014 and assigned Florida document number L14000117274.

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:**

587 E SAMPLE ROAD SUITE 400

**(Principal office address MUST BE A STREET ADDRESS)**

POMPANO BEACH

FL 33064

**Enter new mailing address, if applicable:**

587 E SAMPLE ROAD SUITE 400

**(Mailing address MAY BE A POST OFFICE BOX)**

POMPANO BEACH

FL 33064

**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:

FREDERICO BAGGIO

New Registered Office Address:

587 E SAMPLE ROAD SUITE 400

*Enter Florida street address*

POMPANO BEACH

Florida 33064

*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.*



**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>
MGRM	PAULO NETO	1451 W. CYPRESS CREEK RD	<input type="checkbox"/> Add
		#300	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Change
MGRM	JOSE AUGUSTO F. DOS DA SIL	587 E SAMPLE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 400	<input type="checkbox"/> Remove
		POMPANO BEACH FL 33064	<input type="checkbox"/> Change
MGRM	FREDERICO BAGGIO	587 E SAMPLE ROAD	<input type="checkbox"/> Add
		SUITE 400	<input type="checkbox"/> Remove
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

JOSE AUGUSTO F. DOS DA SILVA

\_\_\_\_\_  
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**E. Effective date, if other than the date of filing: 10/08/2015 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10/08/2015, \_\_\_\_\_

x   
Signature of a member or authorized representative of a member

MGRM  
Typed or printed name of signee