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ALLAHASSEE FLORINA

D. BRUCE

DEC 27 2012

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Integral Logistics, LL	.C		-					
								
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			1	LTD Partnership File				
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Name	Date	Time		UCC 11 Search				
Walk-In	Will Pick Up			UCC 11 Retrieval				

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Integral Logistics CCC 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:
BRUCE F. IDEN ESQ. Name of Person
IDEN CAW OFFICES Firm/Company
3240 CORPORATE UDY Address
MIRAMAR, FR 33025 ES ES ES
bruce @ iden law. Con E-mail address: (to be used for future annual report notification) AREA STORY Constitution of the story of the
For further information concerning this matter, please call:
Bruce F. IDEN, Esq. at 954, 885-0085 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

2 \$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

Integral Cogis		
(Name of the Limited Liability-Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO3 0000 26</u> 40	y were filed on <u>7/18/2003</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	nited Liability Company," the designation "LLC" or the abbrev	iation
Enter new principal offices address, if applicable:	- W/A 758 28	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ASSEE FLORIDA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>new</u>
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Florida	_
	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 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 MGRM = Managing Member Title Title <u>Name</u> Type of Action David N. Kesster 4676 North Hiatus Road DANG MGR Sunnise, PL 3335/ MGR Wu Xiaoyang 4676 North Hiarus Road X Add Sunvise, R 3335/ Remove 4676 North Hiates Pad X Add David N. Kesske Sunvise, FL 33351 MGR Yigal Have 4676 North Highes Road Sunrise, FL 33351 Add Remove

Remove

D. If at	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated _	December 21, 2012	
	Signature of a member or guthorized representative of a member	entative
	FOR VIGAL HAREL Typed of printed name of signee	_
	Page 3 of 3 Films Fee: \$25.00	

FILED
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FALLAHASSEE FLORIDA