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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 2:25

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APR 21 2015

T. LEMIEUX



March 30, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Amendment for Integral Logistics, LLC

Dear Sir/Madam,

Enclosed is our check in the amount of \$25.00 which accompanies the Articles of Amendment which corrects an incorrect address for the Manager of the LLC.

Thank you for your attention to this matter.

Sincerely,


Bruce F. Iden
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integral 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:

BRUCE IDEN
Name of Person

IDEN LAW OFFICES
Firm/Company

14601 SW 29th Street Suite 110
Address

MIRAMAR, FL. 33027
City/State and Zip Code

bruce@idenlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE IDEN at (954) 885-0085
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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 7/18/2003 and assigned
Florida document number LO3 0000 26401

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
15 APR - 3 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/A

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	YIGAL HARON	1510 Hiatus Rd.	<input type="checkbox"/> Add
		Sunrise, Fl. 33351	<input checked="" type="checkbox"/> Remove
MGR	YIGAL HARON	5010 Hiatus Rd.	<input checked="" type="checkbox"/> Add
		Sunrise, Fl. 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015

Signature of a member or authorized representative of a member

BRUCE IDEN, attorney for Yigal Heron

Typed or printed name of signee