

# L03000026401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

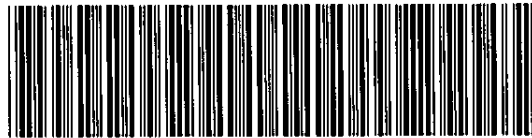
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 13 PM 1:57  
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SUFFICIENCY OF FILING

FILED  
15 MAY 13 PM 4:58  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2013

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 627228 8048143

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 13, 2015

ORDER TIME : 11:18 AM

ORDER NO. : 627228-005

CUSTOMER NO: 8048143

DOMESTIC AMENDMENT FILING

NAME: INTEGRAL LOGISTICS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: \_\_\_\_\_

## 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 F. Iden

\_\_\_\_\_  
Name of Person

Iden Law Offices

\_\_\_\_\_  
Firm/Company

14601 SW 29th Street, Suite 110

\_\_\_\_\_  
Address

Miramar, Florida 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

954

885-0085

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

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 L03000026401.

This amendment is submitted to amend the following:

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

N/A

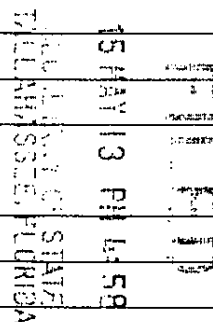
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)**



**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 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          | Yigal Haron | 5010 Hiatus Road, Sunrise, Florida : 33351 | <input type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change |
| MGR          | Yigal Harel | 5010 Hiatus Road, Sunrise, Florida , 33351 | <input type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change |
|              |             |  | <input type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change |
|              |             |  | <input type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change |
|              |             |  | <input type="checkbox"/> Add    |
|              |             |  | <input type="checkbox"/> Remove |
|              |             |  | <input type="checkbox"/> Change |

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DEPARTMENT OF REVENUE

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

N/A

FILED  
15 MAY 13 PM 4:58  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 May 12, 2015

Signature of a member or authorized representative of a member

Jacqueline Rodriguez  
Typed or printed name of signee