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C. LEWIS

JAN 1 9 2011

EXAMINER

COVER LETTER

TO:

;TO:	Registration Sec Division of Corp			
SUBJI	ECT∙	CRUISE	LOGISTICS LLC	
				
The en	aclosed Articles of A	amendment and fee(s) are sul	omitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	•
ı			LIZABETH REMETO	
			Name of Person	
		FR	EIGHTCO LOGISTICS	
		•	Firm/Company	
			PO BOX 48279	
			Address	
		;	SEATTLE WA 98148	
			City/State and Zip Code	
ELIZABETHF E-mail address:			@FREIGHTCOLOGISTI to be used for future annual report n	CS.COM otification)
For fur	ther information co	ncerning this matter, please o	-	,
	ELIZAB	ETH REMETO	at (206)	244-9725
	Name of	Person		time Telephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NC ANNOFSS:	STDEET/COU	DIFD ADDRESS.

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 JAN 18 PM 8: 27

REPORTS -

· CRUI	<u>SE LOGISTICS LLC</u>	TALLY	E JARY OF STATE			
(Name of the Limited Liab	SE LOGISTICS LLC lity Company as it now appe da Limited Liability Company)	ars on our records.	MASSEE, FLORIDA			
(7.1.101)	au Emmed Elabinty Company)	,				
The Articles of Organization for this Limited Liabilit	y Company were filed on	JULY 25, 2003	and assigned			
Florida document numberL0300027504						
	 '					
This amendment is submitted to amend the following	•					
A. If amending name, enter the new name of the l	imited liability company he	ere:				
	JNEH LLC					
The new name must be distinguishable and end with the	words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation			
"L.L.C."						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	-		 			
Mulling address MAT BE A POST OFFICE BOX	· · · · · · ·					
B. If amending the registered agent and/or reg	ristored office address on	our records enter th	o nome of the new			
registered agent and/or the new registered office a		our records, enter th	ie name of the new			
	· · · · · · · · · · · · · · · · · · ·					
Name of New Registered Agent:						
		· • · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	New Registered Office Address: Enter Florida street address					
	Enter Florida st					
<u></u>		, Florida				
	Citv		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 Changing Registered Agent, Signature of New Registered Agent

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 = M MGRM =	anager Managing Member		
Title	<u>Name</u>	Address	Type of Action
	·		Add Remove
	 .		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
_			ZÒII
Dated	DECEMBER 28 , 20		ZOII JAN 18 PM
		of authorized representative of a member REMETO CFO/MEMBER or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00