## 40600049373

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY <b>23</b> 2011
EXAMINER

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2012

JAVIER SALAZAR 11825 NW 100 RD STE #5 MIAMI, FL 33178

SUBJECT: NJS WAREHOUSING & DISTRIBUTION SERVICES LLC

Ref. Number: L06000049373

We have received your document for NJS WAREHOUSING & DISTRIBUTION SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 812A00013784

## **COVER LETTER**

	ation Section 1 of Corporations					
SUBJECT:						
	Name of Lin	nited Liability Company	21			
The enclosed Art	icles of Amendment and fee(s) are su	ubmitted for filing.	B. 3			
Please return all o	NJS Warehousing and Distribution Services, LLC.  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  Il correspondence concerning this matter to the following:    Javier Salazar					
			alazar Person tribution Services, LLC.			
		Name of reison				
	NJS Warehou					
		гип <i>и</i> Сотрану				
	1	Firm/Company  11825 NW 100 Rd Ste# 5  Address				
		Address				
		•				
	j: E-mail address:	salazar@venlogis.com (to be used for future annual report notification)	<u> </u>			
For further inform	nation concerning this matter, please	call:				
		ar (				
	Name of Person	Area Code & Daytime Telephone N	lumber			
Enclosed is a che	ck for the following amount:					
\$25.00 Filing	Fee	Certified Copy (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:			

3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lightly Corner	KIDUITUN C	SON OUR PECOLUS.	<b>—</b>	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	3. VII. VIII. ( 124.//1 4201)	声	
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	05/12/2006	and assigned	10
This amendment is submitted to amend the following:				00
A. If amending name, enter the new name of the limited liab	ility company her	<u>'C</u> :		
Venture Logis	stics, LLC.			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	my," the designation "LLC	" or the abbrevia	noite
Enter new principal offices address, if applicable:	11825 NW 10	00 Rd		
(Principal office address MUST BE A STREET ADDRESS)	Suite#5			
	Miami, FL 33	178		et annu de
Enter new mailing address, if applicable:	Same			
(Mailing address MAY BE A POST OFFICE BOX)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter the	name of the	ew
Name of New Registered Agent:			<u></u>	
New Registered Office Address.	En	ier Florida street addre	5.5	P9994444
		Florida	997 Y 1 T T T T T T T T T T T T T T T T T T	MINL.
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		,		

Thereby 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 an

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

Page 003

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:

<u>itle</u>	<u>Name</u>	Address	Type of Act	ion
terren e de la composition della composition del	Side by		Add Remove	
<del></del>	ANNUAL CONTRACTOR OF THE PARTY		Add Remove	
» <del>—</del>			Add Remove	
r4.95( <b>189</b> ) (************************************	and the state of t		Addi je Remove	<b>建以以</b>
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nanananan kanto a	Annual parts of all distributions and solver a second state of the		☐ Add — Remove	(3) (3)
. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nevessary.)	· · · · · · · · · · · · · · · · · · ·	
. If amen	ding any other information, enter chang	e(s) here: (Altach additional sheets, if nevessary.)	nner-	
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nevessary.)	none.	

Page 2 of 2

Filing Fee: \$25.00