

L07000088676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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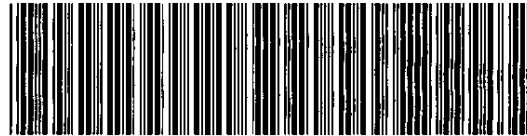
(Business Entity Name)

(Document Number)

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B. KOHR

AUG 26 2010

EXAMINER

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 25 AM 10:46

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KLAWITTER 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:

FARIDE KLAWITTER  
Name of Person

KLAWITTER LOGISTICS, LLC  
Firm/Company

5077 NW 90<sup>th</sup> TER  
Address

CORAL SPRINGS, FL 33067  
City/State and Zip Code

FARIDE.KLAWITTER@KLAWITTERLOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FARIDE KLAWITTER at (954) 575 4797  
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

10 AUG 25 AM 09:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KLAWITTER LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 25 AM 10:46

The Articles of Organization for this Limited Liability Company were filed on SEP. 1 2007 and assigned  
Florida document number L07000088676

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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

FARIDE A. KLAUITTER

New Registered Office Address:

ADDRESS STAYS UNCHANGED

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANN D. KLAWITTER	5077 NW 90 <sup>th</sup> TER CORAL SPRINGS, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FARIDE A. KLAWITTER	5077 NW 90 <sup>th</sup> TER CORAL SPRINGS, FL 33067	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 08/23/2010

Signature of a member or authorized representative of a member

FARIDE KLAWITTER

JANN KLAWITTER

Typed or printed name of signee