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O SIMMONS NOV - 9 2016

COVER LETTER

Division of C	Section Corporations			
DISCOU	JNT LOGISTICS LLC			
30B3LC1	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		7016 TALE
	DAVID HUMMEL			RECEIVES 03 2016 NOV-7 PM 5: 03 FALLAHASSEE, FLORID
		Name of Person		SS - I
	DISCOUNT LOGISTICS	LLC		R. P.
		Firm/Company		M 5: 03
	3400 SW 20T STREET ST	ΓE # A1		DE G
		Address		•
	PEMBROKE PARK FL 3	3023		
		City/State and Zip Code		
	•	OUNTLOGISTICSLLC.COM		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	n concerning this matter, please c	all:		
DAVID HUMMEL		786 323-0167		
Nam	e of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

DISCOUNT LOGISTICS LLC (Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number		and assigned		
This amendment is submitted to amend the following:				
·	m.			
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	3400 SW 20TH STREET STE # A1			
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PARK			
	FL 33023			
Enter new mailing address if applicables	3400 SW 20TH STREET STE # A1			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PARK			
(Maning undress MAT BE A FOST OFFICE BOX)	FL 33023			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		ADN SEL		
	Enter Florida street address			
	, Florida	- <u> </u>		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Gode P		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	ree to comply with familiar with and if this document i		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action Title** <u>Name</u> <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add <u> </u>□ Remove Remove
Remove
Remove
- 7 & M 2:836 ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change

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<u>Note</u>	tive date, if other than the date of filing:	l) ng.) Pursuant to 605.00 te will not be listed	207 (3)(l l as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the earlier	of:
Dated	10/31/14		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00