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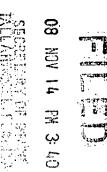
(Requestor	's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business B	Entity Name)			
(Document	Number)			
Certified Copies C	ertificates of Status			
Special Instructions to Filing Of	fficer:			

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S. HAWKES NOV 1 7 2008 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ст: <u>Bri</u>	(Name of Limi	M Logistics, Let Liability Company)	10
The enc	losed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresponde	nce concerning this matter	to the following:	
	-	Tina	(Name of Person)	
	-	Pacer +	Health Corpor	ration Suite 201
	-	15050 N	JW 79 COUNT, S	suite 201
•	-	miami	Lalas, FC 33 (City/State and Zip Code)	016
For furth	ner information conc	erning this matter, please ca	ıll:	N.
<u>_T</u>	Name of Pe	da)	at (305) 828- (Area Code & Daytime T	7000 elephone Number)
Enclosed	d is a check for the fo	ollowing amount:		
\$25.0	00 Filing Fee 💢 🗸	1\$ 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

BYICK MOUNT	ty Company as it now appears on our records.)
(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $3/20/08$ and assigned 3918
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the war.L.L.C."	ords "Limited Liability Company," the designation "LDC" of the abbreviation
Enter new principal offices address, if applicable:	8501 NW 17 STYOLF
(Principal office address MUST BE A STREET ADI	DRESS) SVITE 102
	MIUMI, +C 33126
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(City) (Zin 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:

<u> </u>	Managing Member <u>Name</u>	<u>Address</u>	Type of Action
itte	Name	Address	Type of Action
			Add Remove
			Remove
			Add
	•		Remove
			Add Remove
	<u></u>		Add Remove
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			and the state of t
			Add Remove
). If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	sary.)
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	1 may 1 may 2 may		
_	n. l. 11	:	
	11 4 00		
— Dated	11/4/08 , _		•
Dated	1	aber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00