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J. BRYAN J. BRYAN

JUL 2 0 2010 EXAMINER

EXAMINER

COVER LETTER

TO: . Registration Section Division of Corpor	on ations		
SUBJECT:	MCP	LOGISTICS & SALES	LLC
,		imited Liability Company	
The enclosed Articles of Am	endment and fee(s) are	submitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
	№	IRTA M FRIES	TO JUI
-	· · · · · · · · · · · · · · · · · · ·	Name of Person	三三三
· -	МСР	LOGISTICS & SALES Firm/Company	SECRETARY OF STA
• • • • • • • • • • • • • • • • • • •	1055	• •	LORIOF.
-	Coral	Springs FL 3307 City/State and Zip Code	<u>'6</u>
	US MAR E-mail addres	CO Q HOTMAIL. COM s: (to be used for future annual report notification	n)
For further information conc			
MIRTA	M PRIES		44 6554
Name of Pe	rson	Area Code & Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu	\$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		STREET/COURIER A Registration Section	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

MCP Logis	tics & S	oles LL	٠ .	Fig. 2
(Name of the Limited I	iability Company lorida Limited Lia	as it now appear bility Company)	rs on our records.)	OR I
The Articles of Organization for this Limited Lia Florida document number 2629 8384	bility Company w	ere filed on	07-17-200	8 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company her	<u>:e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Comp	any," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	10550	wives	PD
(Principal office address MUST BE A STREET	CORAL	SPRINGS	PD FC 33076	
Enter new mailing address, if applicable:	an v	10550	wiles R	d. FL 33076
(Mailing address MAY BE A POST OFFICE B	_ coral	Springs	FC 35076	
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here:		our records, <u>ente</u>	
Mante of New Registered Agent.				
New Registered Office Address:	5701	NW 61 ⁵⁷	PL ter Florida street	address
	PARKL	aug.	Florida	33067
•		City	, + 1011UA	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:

1.4 2 1 MGR = Manager MGRM = Managing Member **Type of Action Address Title** Name 1 MÉR MARCO A NOGUEIRA ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Fus.
Signature of a member or authorized representative of a member MGR PRIES MIRTA Μ. Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

MARCO A

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