

L080000086182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

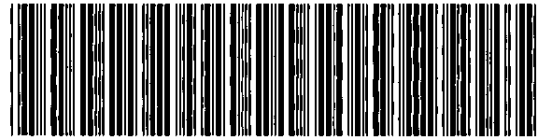
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000138506720

FILED  
08 DEC 12 AM 8:45  
TALLAHASSEE, FLORIDA

RECEIVED  
08 DEC 12 PM 1:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 15 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 824370 7605183

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 12, 2008

ORDER TIME : 12:07 PM

ORDER NO. : 824370-005

CUSTOMER NO: 7605183

FILED  
08 DEC 12 AM 8:45  
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: TAU LOGISTICS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TAU LOGISTICS, LLC

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

FILED  
08 DEC 12 AM 8:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-10-2008 and assigned  
Florida document number L08000086182.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

(City)

, Florida

(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>
<u>MGR</u>	<u>David T. Russell</u>	<u>800 PARKWOOD AVE</u>	<input type="checkbox"/> Add
		<u>ANNAPOLIS MD 21403</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Charlotte C. Russell</u>	<u>800 PARKWOOD AVE</u>	<input type="checkbox"/> Add
		<u>ANNAPOLIS MD 21403</u>	<input checked="" type="checkbox"/> Remove
<u>      </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
		<u>                                </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
		<u>                                </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
		<u>                                </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
		<u>                                </u>	<input type="checkbox"/> Remove

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

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

Dated 10<sup>th</sup> December, 2008.

  
Signature of a member or authorized representative of a member

HUGH RUSSELL  
Typed or printed name of signee