## 08000098616

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S. HAWKES
NOV 5 2008
EXAMINER

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations				
SUBJE	ct: MG LOG :	GISTICS TEAM LLC (Name of Limi	ited Liability Company)		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		MARIA V MORENO		<del></del>	
			(Name of Person)		
MG LOGISTICS TEAM LLC					
			(Firm/Company)		
		9421 FONTAINEBLEAU	BLVD APT. 201		
			(Address)	·	
		MIAMI, FL 33172	(2)		
			(City/State and Zip Code)		
For furt	her information cor	ncerning this matter, please ca	all:		
MARIA	V MORENO		at (786 ) 389-4108		
	(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclose	d is a check for the	following amount:			
<b>☑</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG LOGISTICS TEAM LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 10/20/2008	and assigned
Florida document number L08000098616		ASSECTION TO THE PARTY OF THE P
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 w"L.L.C."	vords "Limited Liability Company," the de	signation "LLC for the appreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (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 ac		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florid	a 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 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

MGKM	Managing Member		
Title .	<u>Name</u>	Address	Type of Action
MGR '	MARIA E MORENO	9421 FONTAINEBLEAU BLVD APT 201 MIAMI, FL 33172	Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
		100 mm	Add Remove
D. If amer	nding any other information, enter change(s	) here: (Attach additional sheets, if necessary)	M 0 33
_			<del></del>
Dated <u>OCT</u>	Marcal	Rond	
		authorized representative of a member	
		A V MORENO printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00