

Division of Corporations

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L09000003680

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**SCML LOGISTICS CONSULTING, LLC**

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TALLAHASSEE, FLORIDA

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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Tony Burroughs

DATE 2009-09-16 14:50:23 PDT

RE Please file with FL SOS

COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |
Fax 323.337.0742 | tburroughs@legalzoom.com www.legalzoom.com | 7083 Hollywood
Blvd., Suite 180, Los Angeles, CA 90028

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Sent: Wednesday, September 16, 2009 8:27 AM
To: Tony Burroughs
Subject:

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCML LOGISTICS CONSULTING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at (323) 962-8600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,
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(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

FILED

2009 SEP 17 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**SCML LOGISTICS CONSULTING, 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 01/13/2009 and assigned
Florida document number L09000003680.

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."

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)

_____, 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 Changing Registered Agent, Signature of New Registered Agent)

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2009 SEP 17 AM 8:19

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	STEVEN T HUNTLEY	10452 EMERSON ST PARKLAND, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SARAH C HUNTLEY	10452 EMERSON ST PARKLAND, FL 33076	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MERCLOG HOLDINGS INC.	10452 EMERSON ST PARKLAND, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

September 14, 2009



Signature of a member or authorized representative of a member

STEVEN T HUNTLEY, Member

Typed or printed name of signee

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Filing Fee: \$25.00