10900027509

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EXAMINER



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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT:	Innovativ	e Logistics, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Мг	. Todd M. Wilcox, CEO	
		Name of Person	·
	Inr	novative Logistics, LLC	<u></u>
		Firm/Company	
	201	W. Canton Ave, Suite D	
		Address	
	V	Vinter Park, FL 32789	
		City/State and Zip Code	
	toddy	v@totalscmsolutions.com to be used for future annual report not	itication)
		•	meanon
For further information	n concerning this matter, please of	call:	
R	obert Palumbo	at (407) Area Code & Daytin	539-6146
Nam	e of Person	Area Code & Daytin	me Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovativ	e Logistics, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appea mited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liability Co.	mpany were filed on	03/20/2009	and assigned
Florida document numberL0900027509			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		···	
(Principal office address MUST BE A STREET ADDRE	SSS)		
			A S 3
Enter new mailing address, if applicable:			SE L
(Mailing address MAY BE A POST OFFICE BOX)			
			FS
			ORATE S
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on ess here:	our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	ress
		, 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

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 **Type of Action Address Title** <u>Name</u> **MGRM** Todd M. Wilcox 201 W. Canton Ave ✓ Add Remove Suite D Winter Park, FL 32789 Darin Olson MGR ✓ Add 201 W. Canton Ave Remove Suite D___ Winter Park, FL 32789 MGR Ammar Charani 201 W. Canton Ave Suite D Remove Winter Park, FL 32789 ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Sonttombor 30	2010
Septtember 30	
()/(//	
Signatur Signatur	e of a member or authorized representative of a member
	Todd M. Wilcox
	Typed or printed name of signee

Dated ____

Page 2 of 2

Filing Fee: \$25.00