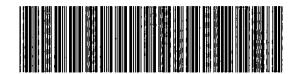
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. BRYAN
NOV 2 0 2009
EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: ML	L Logistics Name of Limit	LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Loechler Name of Person	
	MLL Lo	7:571C5 LLC Firm/Company	SECRETARY SECRET
	18250 A	Firm/Company FRESH LAKE Wa Address	WASSEE, OF ME
	Boca Rat	On FL 3349 City/State and Zip Code	FILED O9 NOV 19 AM 11: 56 SECRETARY OF STATE A TALLAHASSEE. FLORIDA
	E-mail address: (t	o be used for future annual report notificati	on)
For further information	concerning this matter, please c	ail: .	
Mi'chael Name	ho ech ler	at (561) 213 - 7 Area Code & Daytime To	240 elephone Number
Enclosed is a check for	the following amount:		
\$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)
	I DIC A DDDESC.	CTDEET/COUDIED	A A A A A A A A A A A A A A A A A A A

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

MLL Lugisti	es Lle			
(Name of the Limited Liab (A Flor	oility Company as it now appe ida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL 0 9 0 0 0 0 3		4-09-2009	and assigned	
This amendment is submitted to amend the following	-		野縣 一下	
A. If amending name, enter the new name of the	limited hability company no	ere:	FFS III	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "L	LC" of aboreviation	
Enter new principal offices address, if applicable	<u> </u>			
(Principal office address MUST BE A STREET A)	DDRESS)		<u></u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new	
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

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 Title Address Name MORM Micheal Loechler 18250 FRESH Lake Way
Buca Raton FL 33498 LOECHLER Holdings, INC 18250 FRESH Lake Way

ROCA RATON, FL 33458 MOR M ☐ Add ☐ Remove ☐ Add Remove □ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOVEMber 16, 2009. Michael Louchle
Signature of a member or authorized representative of a member Michael Loechler
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00