L090000 49813

| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

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| | stration Section of Corp | | | |
|-----------------|--------------------------|--|--|--|
| SUBJECT: | - | rage and Packaging, LLC. | | |
| SUBJECT: _ | | Name of Limi | ted Liability Company | |
| The enclosed | Articles of A | mendment and fee(s) are subr | mitted for filing. | |
| Please return a | ıll correspon | dence concerning this matter t | to the following: | |
| | | Michelle Mutrux | | |
| | | <u></u> | Name of Person | |
| | | | Firm/Company | |
| | | 1601 Green Road Unit C | | |
| | | | Address | |
| | | Pompano Beach, FL. 3306 | 4 | |
| | | | City/State and Zip Code | |
| | | michelle@dslaboratories.co E-mail address: (1 | m to be used for future annual repo | rt notification) |
| For further in | formation co | ncerning this matter, please ca | all: | |
| Michelle Mut | trux | | 305 553-20 | 000 |
| | Name of | Person | Area Code D | Daytime Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 Fi | ling 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



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15 JUN 26 PH 3: 07

FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

Letter Number: 315A00012135

June 10, 2015

MICHELLE MUTRUX 1601 GREEN RD UNIT C PMPANO BEACH, FL 33064

SUBJECT: VELOCITY STORAGE AND PACKAGING, LLC

Ref. Number: L09000049813

We have received your document for VELOCITY STORAGE AND PACKAGING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| nited Liability Company as it now app (A Florida Limited Liability Compan | pears on our records.) y) |
|--|--|
| Liability Company were filed on | 5/21/2009 and assigned |
| · Ilowing: | |
| of the limited liability company | <u>v here</u> : |
| words "Limited Liability Company," (| he designation "LLC" or the abbreviation "L.L.C." |
| icable: | |
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| ~ | on our records, enter the name of the |
| | |
| 4400 P | |
| 1100 Biscayne Blvd Apt 5805 | |
| | Florida street address, Florida |
| | icable: EET ADDRESS) E BOX) d/or registered office address office address here: |

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Membor | | |
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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| n effective d | late is listed, the date | must be specific | and cannot be p | rior to date of fili | ng or more than | 90 days after | filing.) Pu | rsuant to | 605.02 |
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| ited | ulieta Jackson | Signature o | | uthorized represe | | mber | SECRETARY TALLAHASSI | | • |

Filing Fee: \$25.00

Page 3 of 3