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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

LOGISTICS COST CONSULT, 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:

## TODD R. BOMSER

Name of Person

GOTTESMAN, BOMSER & CO, PA

Firm/Company

8211 W. BROWARD BLVD, SUITE 440

Address

PLANTATION, FL 33324

City/State and Zip Code

TODD@GBC1040.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD R. BOMSER, CPA

 $_{at}$  (954) 321-9991

Name of Person

Area Code & Daytime Telephone 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)

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

#### LOGISTICS COST CONSULT, 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 v	were filed on 11/19/09	and assigned
Florida document number L09000111464		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limite" "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:		10
(Mailing address MAY BE A POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new
registered agent and/or the new registered office address here	•	
Name of New Registered Agent:		<del></del>
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA ROBERTS	320 SOMERULOS STREET	Γ ✓ Add
		SUITE 217	Remove
		BATON ROUGE, LA 70802	2
			Remove
			_
			Add
			Remove
		<u> </u>	
		<u> </u>	Add
			Domestic
		S. S	ች <b>ር</b> ክ 
			Add
			Remove
			_
			Add
			Remove

amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted NO	EMBER 5 / 3013
	Sold Sold Sold Sold Sold Sold Sold Sold
•	Signature of a member or authorized representative of a member
-	TODD R. BOMSER, CPA Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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PRESENT AND ADDRESS OF THE PRESENT ADDRESS OF THE PRE