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COVER LETTER

τǫ:	Registration Section Division of Corpo			ų¥ .		
SUBJE	CT:	Military Log	istic Support, LLC			
		Name of Limi	ted Liability Company			
		nendment and fee(s) are sub	-			
Please	eturn all correspond	ence concerning this matter	to the following:			
			Angela Johnson			
Name of Person						
		Milita	ary Logistic Support, Ll	_C	_	
Firm/Company						
		10	16 Thomas Dr. # 330		_	
Panama City Beach, Fl. 32408						
ajohnson@mlsllc.us E-mail address: (to be used for future annual report notification)						
For furt	her information cond	cerning this matter, please c	all:			
	Angel	a Johnson	at (_ 850)_	896.4985		
	Name of Po	erson	Area Code & I	Daytime Telephone Numb	er	
Enclose	ed is a check for the t	following amount:				
\$ 25	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certific	iling Fee, ate of Status & d Copy anal 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

Military Logis	stic Support		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000014390	were filed on	02/08/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "LL	C" or the abbreviation
ter new principal offices address, if applicable: 500 Enterprise Dr.			
(Principal office address MUST BE A STREET ADDRESS)	Panama City	Beach, Fl. 32408	
			<u></u>
Enter new mailing address, if applicable:	Dr. #330		
(Mailing address MAY BE A POST OFFICE BOX)	Panama City	Beach, FI 32408	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new
New Registered Office Address:		Ä	ig a
	Ent	ter Florida street addre	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u>+</u>	
I hereby accept the appointment as registered agent and agrethe provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	lete performance provided for in Ch	of my duties, and I an apter 608, F.S. Or, if	familiar with and this document is

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Debbie L. Jackson	1016 Thomas Dr. #330 Panama City Beach Fl. 32408	Add Remove
MGR_	Keith A Johnson	1016 Thomas Dr. # 330 Panama City Beach, Fl. 32408	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	_
_		,	_ _
			_ _
Dated	Signature of a m	ember on authorized representative of a member	
	Signature of a m	JOHNSON Typed or printed name of signee	<u>.</u>

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Filing Fee: \$25.00