Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000123918 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA

Account Number : 120110000091

Phone

: (305)858-9900

Fax Number

: (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOGISTIC NETWORK OF AMERICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. HARRIS

ಕ

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

ŤO:	; Registration So Division of Cor			
SUBJI	ear.	LOGISTIC NETWOR	RK OF AMERICA LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase	return all correspo	ondence concerning this matter	to the following:	
•			ELENA DIAZ	
			Name of Person	
		RICH	ARDS & ASSOCIATES P.A.	
			Firm/Company	·····
		2665 SOUTI	H BAYSHORE DRIVE, SUITE 70	3
			Address	· · · · · · · · · · · · · · · · · · ·
		м	IIAMI, FLORIDA, 33133	
			City/State and Zip Code	
			diaz@richards-law.com	
		E-mail address: (to be used for future annual report notif	fication)
For fu	rther information o	concerning this matter, please co	all:	
	ELENA	DIAZ	305 8589900	
Name of Person			Area Code Daytime	e Telephone Number
Enclos	sed is a check for the	he following amount:		
\$2	5.00 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

LOGISTIC NETWORK					
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appeability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on _	04/02/2010		and	l assigned
Torida document number					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the	designation "LLC"	or the abb	reviatio	n "L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
			S		
				¥	-
Futor - er, mailing a diduces if applicables			芸門	=	
Enter new mailing address, if applicable:			- 355	<u> </u>	1
Mailing address MAY BE A POST OFFICE BOX)			mc:		111
		- -	ری: ـــــــ		1
B. If amending the registered agent and/or registered off			35		
B. If amending the registered agent and/or registered on registered agent and/or the new registered office address here		on our records	enfet.	ine ^L iis	ine of the
Name of New Registered Agent:					
This of the state					
New Registered Office Address:	Enter F	lorida street address	<u> </u>		
		Flo	rida		
	City			Zip C	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	YACUB, DIANA	2665 SOUTH BAYSHORE	
		DRIVE, SUITE 703, MIAMI,	:h
		FLORIDA, 33133	☐ Change
			□ Remove
		·	Change
			Add
			□ Remove
			Change Change Add
			- 85 5 Final 1 Max
			SIA 9: Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			Change

9 19 2016 1	D:048M HP (LASERJET	FAX	3052850	015	F	. 5
		*	——————————————————————————————————————				
				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,		
4				a regioner from to the self-life is to reflect the service of the contract of the service of the			
**************************************			Papager - ainitia_ii a printipiii (III a a a a a a a a a a a a a a a a a		** *** <u>*******************************</u>		
							
·····					······································	,	
ya visaaniy uyisaaniiaidadhay					·		
41.11 to 1.00							
			······································				
	To the section of the			opin die 200 George (1980) – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990 – 1990			
	ve date on the Depart fles a delayed eff after the record	fective date,		ective time, at 12:01	a:m. on the o	earlier of:	
Dated	MAY I	8 20	016				
And the state of t	J	C4)	r or puthorized repr	resentative of a member			
			DIANA YACUB				
		Турес	or printed name of	f signec	** 	~	
		•	Page 3 of 3		ZS ±		
		· Fi	Page 3 of 3 iling Fee: \$25	.00	16 MA SECRE TALL A		
		· Fi	_	.00	in its on		•
·		· Fri	_	.00	6 MAY I ECRETA LL AHAS	E controller	•