## LIOUCCHB524

(Requestor's Name)
(Address)
(Address)
· ·
(City/State/Zip/Phone #)
(Gity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200303477832

200303477832 08/30/17--01028--012 \*\*50.00

09/14/17--01006--005 \*\*10.00



D. SCOTT SEP 1 5 2017 09/06/2017

Attention: Marquitta Williams

From: Ruth Maxwell Hiregy Integrated Solutions, LLC 801 Northpoint Pkwy West Palm Beach, FL 33407

Re: Amending Name

Hello Ms. Williams,

Per our conversation I'm requesting to change the existing company name (ŁOGISTICS UPFRONT & INTEGRATED SOLUTIONS LLC L10000048524) to a new name (HIREGY INTEGRATED SOLUTIONS LLC). I originally completed and sent in the wrong form and payment amount (\$50.00 USPS Money Order). I have since completed the correct form (see attached). To keep you from having to send me a refund amount of \$25.00, I have added a \$10.00 Money Order which will be for the Filing Fee, Certificate of Status & Certified Copy. Which will now total \$60.00. Thank you again for being so helpful and kind.

Best Regards,

Ruth Maxwell

## **COVER LETTER**

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Registration Section

TO:

Div	ision of Co	rporations				
SUBJECT:	LÓGISTIC	CS UPFRONT & INTEGRATI	ED SOLUTIONS LLC			
SOBJECT.	****	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
		andence concerning this matter	-			
		RUTH MAXWELL				
		<del>-</del>	Name of Person			
		HIREGY INTEGRATED	SOLUTIONS LLC			
			Firm/Company			
	'Y					
		-	Address			
		WEST PALM BEACH, F.	L 33407			
		HIREGNANTEGRATEDSC	City/State and Zip Code DLUTIONS@YAHOO.COM			
			to be used for future annual report notification)			
For further in	formation c	oncerning this matter, please co	all:	·		
RUTH MAX	WELL		561 717-9736	· :		
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	ne 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 Statu Certified Copy (additional copy is encl	1		
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGISTICS UPFRONT & INTE	GRATED SOLUTI	ONS LLC
(Name of the Lin	oited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Florida document number £10000048524	Liability Company	were filed on 05/05/2010 and assigned
This amendment is submitted to amend the fo.		
A. If amending name, enter the new name	of the limited liab	oility company here:
HIREGY INTEGRATED SOLUTIONS LLC		
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	cable: ET ADDRESS)	(0) OCTHONN OKWY  (VEST PA) MEN ACH  VEST PAIN APACH  VEST PAIN APACH  VI. 3407
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o effice address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	Enter Florida street address
		ETHER FIORIAL SIFEE (ACATESS

## 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.

Cuv

N/A

If Changing Registered Agent, Signature of New Registered Agent

, Florida N/A Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		<del></del>	☐ Remove
			Change
			□ Add
			☐ Remove
			Change
<del></del>			
			□ Remove
			□ Change
<del></del>			Add
			□ Remove
			☐ Change
	4-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary,)
(If an effective date is Note: If the date	optional)  slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ive date on the Department of State's records.
the record spec ) The 90th day	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: $\sigma$ after the record is filed.
Dated 91	0 2017
4	Signature of a member or authorized representative of a member  What Maxwell  Typed or printed name of signee
la	with Maruell
	Lyped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00