

L100004B524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

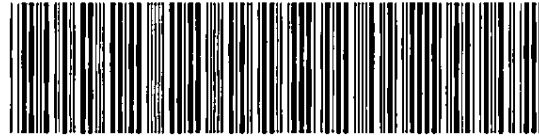
(Business Entity Name)

(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

FILED  
17 SEP 14 2017  
1410000011000

D. SCOTT

SEP 15 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 (LOGISTICS 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

FILED  
17 SEP 14 10:16:43  
MAIL ROOM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOGISTICS UPFRONT & INTEGRATED SOLUTIONS 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:

RUTH MAXWELL

\_\_\_\_\_  
Name of Person

HIREGY INTEGRATED SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

801 NORTHPOINT PKWY

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33407

\_\_\_\_\_  
City/State and Zip Code

HIREGYINTEGRATEDSOLUTIONS@YAHOO.COM

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

For further information concerning this matter, please call:

RUTH MAXWELL

\_\_\_\_\_  
Name of Person

561 717-9736  
at (\_\_\_\_\_) \_\_\_\_\_  
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

## LOGISTICS UPFRONT &amp; INTEGRATED SOLUTIONS LLC

Page 1 of 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/6/2017

Kate Maxwell

Signature of a member or authorized representative of a member

Ruth Maxwell

Typed or printed name of signee