*L10000097587

	(Requestor's Name)	
	(Address)	
	(Address)	
•••	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	
A. LUNT		
	JAN - 5 2010	

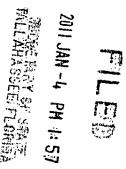
Office Use Only

EXAMINER



900189141289

01/04/11--01047--002 **25.00



COVER LETTER

TO: Registration of Division of	n Section Corporations		
SUBJECT:	Southeast Warel	nouse & Distribution, LLC	
SUBJECT.	10.000	nited Liability Company	
			·
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
		Amy Sue Lebovitz	
•		Name of Person	
,	Romark		2011
		Firm/Company	
	822 South Avenue West		ASSERVITOR
		Address	R .
		Westfield, NJ 07090	
		City/State and Zip Code	1 1 1 1 1 1 1 1 1 1
	alebo	ovitz@romarklogistics.com (to be used for future annual report notification	20)
For further information	on concerning this matter, please	·	, , , , , , , , , , , , , , , , , , ,
A	Amy S. Lebovitz	at (908) 789-2	.800 x100
	ne of Person	Area Code & Daytime Te.	lephone Number
Enclosed is a check for	or 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)
Reg Div P.O	AILING ADDRESS: cistration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast Warehou	se & Distributio	n, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appear d Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Compa	ny were filed on	9/17/10	and assigned
Florida document numberL10000097587			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	·
	, LLC		•
The new name must be distinguishable and end with the words "LiL.C."	mited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	c/o Romark		
(Principal office address MUST BE A STREET ADDRESS)	822 South Av	enue West	一
	Westfield, NJ	07090	
Enter new mailing address, if applicable:			Page 1
(Mailing address MAY BE A POST OFFICE BOX)			<u>i</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street a	ddress
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR⊭ Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
	, , , , , , , , , , , , , , , , , , , ,		Add Remove
			Add
			Ado
			Remove Remove S
			Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary)
•			
		· · · · · · · · · · · · · · · · · · ·	
Dated			
		ber or authorized representative of a member	···········
	Tvn	Marc D. Lebovitz ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00