L10000115577

(Requ	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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SECRETARY OF STATE
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January 13, 2015

alec global enterprises, llc 130 talavera pkwy #623 san antonio, TX 78232

SUBJECT: NGUYEN LOGISTICS, LLC

Ref. Number: L10000115933

We have received your document for NGUYEN LOGISTICS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00000647

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

Division of Co			
NGU SUBJECT:	JYEN LOGISTICS, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	ALEC GLOBAL E	NTERPRISES, LLC	
		Firm/Company	
	130 TALAVERA F	PKWY #623	
		Address	
	SAN ANTONIO, T	X 78232	
		City/State and Zip Code	
	ALECGLOBAL@Y/	AHOO.COM to be used for future annual report notifi	igntion
For further information	concerning this matter, please c	-	icanon)
ALLIE SHAPIRO		210 391-3102	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NGUYEN LOGISTICS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000115933		10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NGUYEN LOGISTICS, LLC	_
(Principal office address MUST BE A STREET ADDRESS)	2161 TARRAGON RD	
	WEST PALM BEACH, FL 33	3415
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NGUYEN LOGISTICS, LLC 2161 TARRAGON RD	
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:	WEST PALM BEACH, FL 33 Fice address on our records, ente	er the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida _	50 0
New Registered Agent's Signature, if changing Registered Agent:	City	Sign Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action **MGRM ERIC LANE** 3650 N FEDERAL HWY □ Add SUITE A ■ Remove LIGHTHOUSE POINT, FL 33064 **MGRM** Alec Global Enterprises, LLC 2161 TARRAGON RD Add WEST PALM BEACH, FL 33415 ☐ Remove □ Add □ Remove _□ Add □ Remove _□ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	nnot be more than 90 days after
Dated	
MilBrane	2
Signature of a member or authorized represent	tative of a member
ALLIE SHAPIRO	

Page 3 of 3

Filing Fee: \$25.00

15 JAN 26 AM 9: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA