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Certified Copies		Certificate	s of Status

Special Instructions to Filing Officer:

L. SELLERS
JUN -6 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	GEMS	Logistics LLC				
		ited Liability Company	<del></del>			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Mr Ken Gilbert	· · · ·			
		Name of Person				
	GEMS Inc					
		Firm/Company				
	895	Central Florida Parkway				
		Address				
		Orlando Florida 32824				
		City/State and Zip Code				
	k	en@aemsevents.com				
	E-mail address: (	en@gemsevents.com to be used for future annual report notification	on)			
For further information	concerning this matter, please	call:				
	Ken Gilbert	407 429	3 5002			
	of Person	at ( 407 ) 438 Area Code & Daytime Tel				
		·	•			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	<b></b> \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy	Certificate of Status &			
	CASH	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
,	-, .					
MAILING ADDRESS: Registration Section		STREET/COURIER A Registration Section	ADDRESS:			
Division of Corporations P.O. Box 6327		Division of Corporations				
	hassee, FL 32314	Clifton Building 2661 Executive Center	Circle			

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2011

MR. KEN GILBERT GEMS INC. 895 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32824

SUBJECT: GEMS LOGISTICS LLC

Ref. Number: L10000122639

We have received your document for GEMS LOGISTICS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 611A00009341

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	GEMS LOG			·
( <u>Na</u>	me of the Limited Liability Comps (A Florida Limited l	ny as it now appea Liability Company)	rs on our records.)	<del></del> -
The Articles of Organization i	or this Limited Liability Company	were filed on	11/29/2010	and assigned
Florida document number	L10000122639			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liab	ollity company her	<u>'¢</u> :	
The new name must be distinguing. "L.L.C."	shable and end with the words "Limi	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:		<u> </u>	
Principal office address MU	ST BE A STREET ADDRESS)			
Enter new mailing address, i	f applicable:			
Mailing address MAY BE A	POST OFFICE BOX)		-	
		<del></del>		
	red agent and/or registered of ew registered office address her		our records, <u>enter ti</u>	e name of the nev
Name of New Regist	cred Agent:			
New Registered Offi	e Address:		<del></del>	
		En	ter Florida street addr	522
	<del></del>	<u> </u>	, Florida	7: 6 1
	ure if changing Registered Agents	City		Zip 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 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

Page 1 of 2

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:

MCR = Manager MGRM = Managing Member

	Title	Name	Address	Type of Action
MGNW	)- <u>MR8</u>	ALISON SMITH (mgrm)	895 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824	Add Remove
MGVZM	<u>MR</u>	KEN GILBERT (mgrm)	895 CENTRAL FLORIDA PARKWAY ORLANDO FL32824	/ Add Remove
				Add Remove
	<del></del>			Add Remove
		·		Add Remove 
				Add Remove
		g any other information, enter change(s OVE ALISON SMITH AS MANAG	here: (Attach additional sheets, if necessary.)	_
		LACE WITH KEN GILBERT AS M		<del>-</del> -
				-
	Dated	1/01/2011.		-
	_	-	authorized representative of a member	
	_		N GIBLERT printed name of signee	
		ı ypcu or į	ANTONIA SIMILA AL RESIDA	

Page 2 of 2

Filing Fee: \$25.00