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TILED 2015 OCT -7 PH 4: 51 SECHETARY OF STATE

K.SALY EXAMINER OCT -8 2015

COVER LETTER

Division of Co	orporations		
Courier L SUBJECT:	ogistics Services, LLC		gu
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mercedes G. Hale		
		Name of Person	
	Law Offices of Mercedes (Gonzalez Hale, P.A.	
		Firm/Company	
	26907 Foggy Creek Road,	Suite 101	
		Address	
	Wesley Chapel, FL 33544		
	mhale@mghlaw.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Mercedes G. Hale		813 973-8900 at ()	
Name	of Person	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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

•	OF	FILED
Courier Logistics Services, LLC		PILED 2015 OCT -7 PM 4:51
(Name of the Limi	ted Liability Company as it now appears on our r (A Florida Limited Liability Company)	TALLAHARY OF ST
The Articles of Organization for this Limited L Florida document number	iability Company were filed on	ecords.) SEURE IARY OF STATE and assigned A
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
	-,/-,-,	
B. If amending the registered agent and registered agent and/or the new registered o		cords, enter the name of the new
Name of New Registered Agent:	Law Offices of Mercedes Gonzalez Hale, P	A.
New Registered Office Address:	26907 Foggy Creek Road, Suite 101	
	Enter Florida street of Wesley Chapel	address 33544

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.

hanging Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Carol DeSilva	1211 Tech Blvd, Tampa, FL 33619	
			Remove
			□ Change
			□ Add
			G Add
			D Change
			Change 5.5
			□ Remove
			☐ Change
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change

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<u> </u>
- Sing R
E. Effective date, if other than the date of filing:
f 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
Signature of a member or authorized representative of a member)
Mercedes G. Hale Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00