

L11000018107

Florida Department of State
Division of Corporations
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H110002097203ABCVV

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 AUG 24 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPERATIONS SPECIALIST LOGISTICS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 24 PM 1:28

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Electronic Filing Menu G. MCLEOD Corporate Filing Menu Help
AUG 25 2011
EXAMINER

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

H11000209720 3

OPERATIONS SPECIALIST LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/10/2011 and assigned
Florida document number L11000018107.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13048 SW 21ST STREET
MIRAMAR, FLORIDA 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13048 SW 21ST STREET
MIRAMAR, FLORIDA 33027

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CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, 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:

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MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---|--|
| MGRM | PATRICK WILSON SR | 13048 SW 21ST STREET MIRMAR, FLORIDA 33027 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | JANNETTE WILSON | 13048 SW 21ST STREET MIRMAR, FLORIDA 33027 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated AUGUST 23, 2011


Signature of a member or authorized representative of a member

PATRICK M WILSON JR
Typed or printed name of signee