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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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O. 847 (1873)

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Field	rce Logistics LL Name of Limit	C	,,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	21. 3
Please return all correspondent	ondence concerning this matter	to the following:	13 JUH - 7
	Alaa	Williams	
		Name of Person	PH 5: 29
	Fice	rce Losistics LLC	
		rce Logistics LLC Firm/Company	——————————————————————————————————————
1	5901	NOLA Ave Suite A	
		Addiess	
	Tumpa	FL 33604 City/State and Zip Code	
		City/State and Zip Code	
	Adone	Ficice Logistics. com to be used for future annual report notificati	(on)
For further information	concerning this matter, please c	•	(NII)
Alon	Williams	at (<u>604</u>) 356- 644	io
	of Person	Area Code & Daytime Te	
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: 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

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 Lial		and assigned
Florida document number <u>L110000351</u>	<u>-1-1</u>	
This amendment is submitted to amend the follow	ving:	<u> </u>
A. If amending name, enter the new name of t	he limited liability company here:	
<u> </u>		100 mm
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	signation "LIC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- 3 redinares Office Frankon.	Enter Florida	street address
	,1	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Elegnor E, van der Veken	5901 N Dla Ave Suite A	Add
		Tampa, FL 33604	_ Remove
			_
			ਜ਼ Add
		1	Remove
		7	Add Remove 7 PH 5: 25 Add
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

). Îf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	enha June 5th, 2013.
	Ah Wili-
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00