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COVER LETTER

TO: Registration S Division of C					
SUBJECT:		gistics LLC			
	Name of Limited	l Liability Company			
The enclosed Articles of	of Amendment and fee(s) are subm	itted for filing.			
Please return all corres	pondence concerning this matter to	the following:			
	Janice Baugh				
		Name of Person			
	Firm/Company				
	11747 SW 113 Terrace Address				
	Miami FL 33186				
		City/State and Zip Code			
		ne used for future annual report notific	ation)		
For further information	concerning this matter, please call	:			
Donald Todrin Name of Person		at (413) 584- Area Code & Daytime	2581 ex 102 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:

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

FILED

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SECRETARY OF STATE

ALLAHASSEE FLORIE

	Zap Logistics LLC	TALLAH	ASSEE, FLORIDA		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	s on our records.)	LORIDA		
The Articles of Organization for this Limited Liab	ility Company were filed on	07/26/2011	and assigned		
Florida document numberL1100008592	<u>26</u> .				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET A	4DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
-		, Florida	7: 0 1		
	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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name **Type of Action** <u>Address</u> 11747 SW 113 Terrace Miami, FL 33186 Add Remove MGRM Janice Baugh 136 West Street, Suite 01 Donald Todrin MGR.__ Northampton, MA 01060 Remove □Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Only change made is shown above, which includes the same members as the original filings but with opposite titles Dated <u>December 1</u> Signature of a member or authorized epresentative of a member Janice Baugh
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00