

L11000165049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

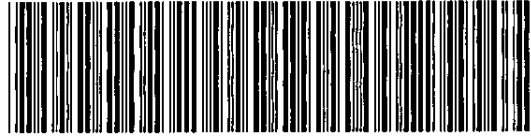
(Document Number)

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12/02/11--01007--018 \*\*30.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
11 DEC -2 AM 10:54

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -2 PM 12:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2011

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: FANTASY LIMOUSINE SERVICES, LLC  
Ref. Number: L11000105049

RECEIVED  
11 DEC -5 AM 10:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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We have received your document for FANTASY LIMOUSINE SERVICES, 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):

The new name you have chosen -- M&D LOGISTICS, LLC -- is not available because that name is too similar to the name of a currently existing entity -- M & D LOGISTICS, INC. -- Document Number P11000021310.

Please note that we have RETAINED your \$30.00 payment.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 011A00027044

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 12-02-2011**

**NAME: FANTASY LIMOUSINE SERVICES LLC**

**TYPE OF FILING: ARTICLES OF AMENDMENT**

**COST: CK FOR \$30 ATTACHED**

**RETURN: CERTIFICATE OF STATUS**

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**ACCOUNT: ~~FCA000000015~~**

**AUTHORIZATION: ~~ABBIE/PAUL HODGE~~**

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**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -2 PM 12:38**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fantasy Limousine Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC -2 PM 12:38

Liana Rothstein Hood, Esq.  
Name of Person

Adams, Rothstein & Siegel, P.A.  
Firm/Company

4417 Beach Boulevard, Suite 104  
Address

Jacksonville, Florida 32207  
City/State and Zip Code

lianalaw@fdn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liana Rothstein Hood, Esq. at ( 904 ) 398-1419  
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:**  
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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC - 2 PM 12:38

Fantasy Limousine Services, 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 September 14, 2011 and assigned Florida document number L11000105049.

This amendment is submitted to amend the following:

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

M&D Logistics Southeast, LLC

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:

407 South College Street

**(Principal office address MUST BE A STREET ADDRESS)**

Macclenny, Florida 32063

Enter new mailing address, if applicable:

407 South College Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Macclenny, Florida 32063

**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:

407 South College Street

*Enter Florida street address*

Macclenny

, Florida

32063

*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.*

X   
**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:

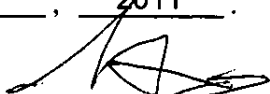
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 1, 2011.



Signature of a member or authorized representative of a member

Stacy Boyd Smith

Typed or printed name of signee