

L12000048202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 AUG -8 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iron Forge Logistics, 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:

Naomi Nelson

Name of Person

Iron Forge Logistics, LLC

Firm/Company

4154 Grandchamp Cir

Address

Palm Harbor, FL 34685

City/State and Zip Code

naomi.nelson1985@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naomi Nelson

727 386-4488
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:
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|-----------------------|--|
| MGRM | Paul Nelson | 4154 Grandchamp Cir | <input type="checkbox"/> Add |
| | | Palm Harbor, FL 34685 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG - 11 16 AM
PH 00
Add
Remove
Change

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

The removal of Paul Nelson is not due to illness or death. Restructuring business model to better suit our needs.

E. Effective date, if other than the date of filing: ~~Aug 1, 2016~~ Aug 1 AUG 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 4 AUG 2016

Naomi Nelson

Signature of a member or authorized representative of a member

Naomi Nelson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA