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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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SLOKETARY OF STATE

Division of Corp	orations		•			
SUBJECT:	Logisticus P	rojects Group, LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
		Shivon Patel, Esq.		_		
		Name of Person				
	The	Principal Law Firm, P.L.	•			
	,	Firm/Company			٠,	
	7025 C	R46A, Ste 1071, PMB	353	7550 7550	7年7年25年26年26年27日27日27日27日27日27日27日27日27日27日27日27日27日2	umi ^{jus} i
·		Address			題	rene and
	l	_ake Mary, FL 32746		مهد لنفع		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		PH G	·
		ivon@principallaw.net to be used for future annual report	notification)		2	
For further information co	oncerning this matter, please o	-	nomeanony	***		
	ivon Patel	407	322-3003			
Name of		ar ()	aytime Telephone Numb	 oer		
				,		
Enclosed is a check for th	e following amount:	,				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certific	Filing Fee, cate of Statu ed Copy onal copy is		osed)
Registra Division P.O. Bo	NG ADDRESS: attion Section of Corporations ox 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle			•

(hui) TO:

Registration Section

TO ARTICLES OF ORGANIZATION OF

Logisticus Projects G			
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our y Company)	records.)	-
The Articles of Organization for this Limited Liability Company were L12000112802	filed on9/4	1/2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and end with the words "Limited Lik.L.C."	ability Company," the	designation "LLO	C" or the abbreviation
Enter new principal offices address, if applicable:		7	2812
Principal office address MUST BE A STREET ADDRESS)		A.P.	
Enter new mailing address, if applicable:		ARK OF STATE ASSEE. FLORID	PH C
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	2
3. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our reco	ords, <u>enter the</u>	name of the ne
Name of New Registered Agent:	 		
New Registered Office Address:	Enter Flori	ida street addre	SS
		, Florida	
Cin	,		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.

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Fitle</u>	Name	Address	Type of Action
MGRM	Vikash Patel	20 W. North Street Greenville, SC 29601	Add Remove
			Add Remove
			Add Remove
		<u>*</u>	Add
			Remove
		A CONTRACTOR OF THE PROPERTY O	Add Remove
		ASS.	Add
		TY SA	Remove
		enter change(s) here: (Attach additional sheets, if necessary.) Member William J. Stephan:	2
		20 W. North Street, Greenville, SC 29601	
Dated	November 5		_
		- Colin	
	Signature	of a member of authorized representative of a member William J. Stephan	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00