L13000071794

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORID.

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COVER LETTER

TO :	Registration Se Division of Cor	ection porations	*			
etin ieo	WellGistics	s, LLC				
SUBJEC	1;	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Marion Stewart				
			Name of Person			
		HillCour, Inc.				
	Firm/Company					
		330 Eagles Landing Drive		•		
			Address			
		Lakeland, FL 33810				
		,	City/State and Zip Code			
		mstewart@hillcour.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further	er information c	oncerning this matter, please c	all:			
Marion Stewart			863 825-4180 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:	-			
	0 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,		
∟ 	o I ming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	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

WellGistics, LLC				
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited I	Liability Company were	e filed on 05/16/2013	and a	ssigned
	llowing:			
A. If amending name, enter the new name	ticles of Organization for this Limited Liability Company were filed on 05/16/2013 and assigned document number L13000071794 and assigned mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS)			
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "	L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		•	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
	_		· .	<u>.</u>
			ALC SEC	7
		address on our records, en	nter the mam	of the new
registered agent and/of the new registered (office address here:		AR ASS	2 = 3
Name of New Registered Agent:	Karl Schwarz			3 m
New Registered Office Address:	330 Eagles Landing	Drive	STA	= O
	• ••••	Enter Florida street address	DA DA	<u>හ</u>
	Lakeland	, Florid	a 33810	₹
		City	Zip Cod	е

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 605, 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 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>	Address	Type of Action
MGR	Stacy Huss	500 Eagles Landing Drive	<u>C</u> □ Add
		Lakeland, Fr 33810	■ Remove
			Change
MGR	Jeffrey Tuller	480 Eagles Landing Drive Lakeland, Fl 33810	= Add
		Lakeland, Fl 33810	□ Remove
			Change
			\ Add
			Remove
			Change
			Remove
			Change
			Add
		P. C. D.	Remove
			CRETAR OF STA
			Remove

. If amending any o	other information, ent	er,change(s) here: (A	ttach additional sheet	s, if necessary.)	• ,
		 .				
						
				<u> </u>	,	
Note: If the date ins document's effective	ther than the date of f sted, the date must be specifi- serted in this block does r e date on the Department es a delayed effectiva after the record is fil	not meet the applicable st of State's records. ve date, but not an	atutory filing requirem	ents, this date w	vill not be liste	d as the
Dated April	91	_, 2017.	-		<u>:</u> ⊣	
	Chinesus	of a member of authorized r	representative of a member	er .	17 APR:	<u> </u>
	Jeffre	Typed or printed name	e of signee		ARY OF	
•		Page 3 of	3		I: 15 STATE LORID	

Filing Fee: \$25.00