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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT COR? Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAFE LOGISTICS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Tella DEC 1 6 5013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | GISTICS, LLC | |
|---|--|---|
| (Name of the Limited Liability (A Florida L.) | Company as if now appears on a mited Liebility Company) | nr records.) |
| The Articles of Organization for this Limited Liability Co. | mpany were filed on 6/20/13 | and assigned |
| Florida document number L13000089274 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and end with the word "LLC." | s "Limited Liability Company," th | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | 255) | |
| | | 3 (|
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | ************************************** | ************************************** |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | red office address on our re | Cords, enter the name of the ner |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| • | Enter Fix | orida street address |
| | Cin | , Florids |

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 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

| Titie | Name | Address | Type of Action |
|-------|-------------------|---------------------------|----------------|
| MGRM | Fabio A Papparini | 9172 Collins Ave Unit 214 | Add |
| | | Surfside, FL 33154 | Remove |
| MGR | Elvis Garcia | 9172 Collins Ave Unit 214 | |
| | | Surfside, FL 33154 | Remove |
| | | · | Add |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Add |
| | | | [] (canove |

| . If amo | nding any other information, e | ater change(s) here | : (Attach additional sheets, if necessary.) |
|----------|--------------------------------|-------------------------|---|
| - | | | |
| | | | |
| - | | | |
| _ | | | |
| ted | Dec 4 | 2013 | |
| | | | ff |
| | Signatura o | of a member or estimate | ized representative of a member |
| | Fabio A Papparini | | J |
| | | Typed or printed | name of algace |
| | Page 3 of 3 | | |

Filing Fee: \$25.00