

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000152992 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GONZALEZ & WERMUTH, P.L.

Account Number : I20020000138

Phone : (305)715-7157

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUALITY FULFILLMENT SERVICES, LLC

Certificate of Status	0
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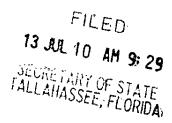
K SALY EXAMINER

JUL 1 1 2013

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Quality Fulfillment Services, LLC	•				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company were filed on 06/21/2013 and assigned Florida document number L13000089967					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited tiabil	ity company hore:				
Q LOGISTICS,LLC					
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	1825 Ponce de Leon Bivd., Unit 496, Caral Gables, FL 33134				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFF) (CE BOX)	1825 Ponce de Leon Bivd., Unit 496, Coral Gables, FL 33134				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
·	Florida				
	City 7in 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.

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 = M MGRM =	anager Managing Member	r		
Title	<u>Name</u>		Address	Type of Action
	N/A			Add
				Remove
	N/A			Add
				Remove
	N/A	; 		Add
		,		Remove
	N/A	;		Add
				Remove
	N/A	·		Add
				Remove
	N/A	:		Add
				Remove

D. If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
ated July 08	
	Roma meels
BOS/	Signature of a member or authorized representative of a member
RUSA	ARIO PRADO Typed or printed name of signee

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Filing Fee: \$25.00