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1. 847, 1855

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Q 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:

Roy Weddle

Name of Person

Q-Logistix, LLC

Firm/Company

1825 Ponce de Leon Blvd. #496

Address

Coral Gables, FL 33134

City/State and Zip Code

roy@q-logistix.com

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

For further information concerning this matter, please call:

Roy Weddle

_305**721-775**1

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

Check #909 ROY WEDDLE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q Logistics, LLC		
(Name of the Limited Li	iability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
(Ar)	iorida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 06/21/2013	and assigned.
Florida document number L13000089967		The second secon
Florida document namoci	,	E ST
This amendment is submitted to amend the follow	ving:	25 55
A. If amending name, enter the new name of the	he limited lighility company here:	
	ne minted nabinty company neic.	
Q-LOGISTIX, LLC		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
L.D.C.		
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	.	
B. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street uddress
	_	Florida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add-
-			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Add
,			Remove

· ·	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
– Dated	July 23, 2013.
 -	(Lan ()
	Signature of a member or authorized representative of a member
	Roy Weddle
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED 18 JUL 25 I'M W 55 PALSHARSE FIRMON