

Division of Corporations

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L13000101795

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

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RECEIVED
13 OCT 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEAN FULFILLMENT & LOGISTICS SOLUTION LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
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TALLAHASSEE, FLORIDA
OCT 15 2013

13 OCT 15 AM 9:15

Electronic Filing Menu

Corporate Filing Menu

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J. Shivers OCT 16 2013

FAX COVER SHEET**TO****COMPANY****FAX NUMBER** 18506176383**FROM** Tony Burroughs**DATE** 2013-10-15 06:27:58 PDT**RE** FL SOS - LZ Order 508008232**COVER MESSAGE**

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13 OCT 15 AM 8:15
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OCT/14/2013/MON 07:51 AM cmi

FAX No. 3344459939

P. 002

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: LEAN FULFILLMENT & LOGISTICS SOLUTION 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:

Imelda Vasquez

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Vasquez

(Name of Person)

at (323) 962-8600 ext 7950

(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

OCT/14/2013/MON 07:51 AM cmi

FAX No. 3344459939

P. 003

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEAN FULFILLMENT & LOGISTICS SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/18/2013 and assigned Florida document number L13000101795.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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) (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)

OCT/14/2013/MON 07:51 AM cmi

FAX No. 3344459939

P. 004

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:

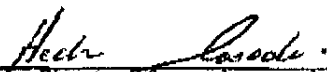
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jorge Tirado	150 NW 60TH AVE. MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
OCT 15 2013
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CLERK OF COURT
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CLERK OF COURT

Dated 10/15, 2013



Signature of a member or authorized representative of a member

HECTOR CORONADO

Typed or printed name of signee