## L1300010499a

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

· · Saltin Conta



600266648336

11/24/14--01020--016 \*\*25.00

14 NOV 24 PH 3: 40
SECRETARY OF STATE,
ALL A HASSEE FROME.

BURNEL STEEL

G. HARVEY
DEC 04
EXAMINER

## **COVER LETTER**

	Registration Sec Division of Corp			· ·		
aun in an	Supplier	City Logistics, LLC				
SUBJECT	ı:	Name of Limit	ed Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please retu	ırn all correspor	ndence concerning this matter to	o the following:			
		James Grason				
			Name of Person			
		Supplier City Logistic	es, LLC			
			Firm/Company	<del></del>		
		2100 NE 34th Street				
			Address			
		Lighthouse Point, FL	33064			<u>.</u>
			City/State and Zip Code		MEGRE IAR	2 "1"
		jim.grason@sclgx.cor			1885 1885 1885 1885	<u>-</u>
		E-mail address: (to	o be used for future annual report notific	ation)	<u> </u>	g M
For furthe	r information co	oncerning this matter, please ca	II:		~ (A)	ب ل
James	Grason		954 228-1890			0
	Name of	Person	Area Code Daytime	Felephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

Supplier City Logistics, LLC					
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L13000104992</u>		7/24/13	and	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	ere:			
Supplier City Solutions, LLC					
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the	designation "LLC" or t	he abbreviati	on "L.L	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)		2.		<u>_</u>
				7	
			1513. 10 27	35	1 1
Enter new mailing address, if applicable:			*SS	24	ELTANGAN ELTANGAN
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· <del></del>	m <u>e</u> j	7	m
				رب	C
				<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or registered agent and/or the new registered agent		ı our records, <u>en</u>	ter the na	me o	f the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			<del></del>
New Registered Office Address:					
	Enter Flo	rida street address			
		, Florida	l		
	City	,	Zip (	Code	<u></u>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
<del></del>			Add
			Remove
			Add
			14 Remove 11 ASSECTION ASS
			TO SEE SI
			F S I Add
			□ Remove
			Add
			□ Remove
			Remove

`.	
tive date if other t	han the date of filing: (ontional)
tive date, if other the	han the date of filing: (optional) cific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ate this document is filed	by the Florida Department of State)
ate this document is filed	han the date of filing:
ate this document is filed	by the Florida Department of State)
te this document is filed	by the Florida Department of State)
te this document is filed	Signature of a member so authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00