

L13000119185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 18 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Professional Energy 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:

Igor Zelmanovich

Name of Person

Firm/Company

1801 N. Military Trail, Suite 160

Address

Boca Raton, Florida 33431

City/State and Zip Code

igor@izforensics.com

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

For further information concerning this matter, please call:

Igor Zelmanovich

Name of Person

561 948-7068

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Professional Energy Logistics, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on August 22, 2013 and assigned
Florida document number L13000119185

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1801 N. Military Trail, Suite 160

Boca Raton, Florida 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 N. Military Trail, Suite 160

Boca Raton, Florida 33431

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:

I O O A ZELMANOVICH

New Registered Office Address:

1801 N. MILITARY TRAIL, SUITE 160

Enter Florida street address

BOCA RATON

City

, Florida

33431

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.

[Signature]
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 = Manager


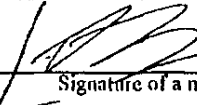
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Timothy J. Allen, Jr.	550 Okeechobee Blvd, #526	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 12, 2013

 Timothy James Allen, Jr.	 Benjamin D. Summers
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Digitally signed by Benjamin D. Summers
DN: cn=Benjamin D. Summers, o=H&Ago,
llc, email=ben.summers@hago.com
c=us
Date: 2013.09.13 17:28:04-05'

Page 3 of 3

Filing Fee: \$25.00

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