L14000004303

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AN 8/17/15

COVER LETTER

10:	Division of Corporations
SUBJE	WORLD LOGISTICS SYSTEMS, LLC
30131	Name of Limited Liability Company
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	MICHAEL SPRINGER
	Name of Person
	WOLRD LOGISTIC SYSTEMS, LLC
	Firm/Company
	304 INDIAN TRACE, STE. 313
	Address
	WESTON, FL 333 26
	City/State and Zip Code
	worldlogisticssystems@gmail.com
	F-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
MIC	nael Springer at 951, 213 - 5403
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
X \$25.	00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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**

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•	го 🧳 🧥
ARTICLES OF	ORGANIZATION
	OF The state of th
World Constics Some of the Limited Liability Companies (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companies L1400004303	y were filed on 01 08 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	304 Indian Trace Str. 313
• • • • • • • • • • • • • • • • • • • •	What a Table 3 2 2 2 3 3
(Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33326
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 Indian Trace Ste313 Weston FL 33326
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
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 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 or removed	g Authorized Person(s) authorized to ma from our records:	to manage, enter the title, name, and address of each person being added		
	MGR = M AMBR = A	lanager .uthorized Member			
	<u>Title</u>	Name	Address	Type of Action	
	MGR	Sami Miettinen	304 Indian Trace	🗆 Add	
			Suite 313	Remove	
			Weston FL 33324	Change	
	MGR	Michael Springer	304 Indian Trace	Add	
		·	Suite 313_	Remove	
			Weston, FL 33324	Change	
				🗅 Add	
				□ Remove	
				Change	
				□ Add	
				□ Remove	
				Change	
				□ Add	
				□ Remove	
				Change	
				□ Add	
				□ Remove	
				Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated AUGUST 11 2015. Signature of a member or authorized representative of a member of a
Michael Springer Typed or printed name of signee

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Filing Fee: \$25.00