

L140000088385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015
J. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE SOURCE LOGISTICS Group 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:

Charles H. ALVAREZ

Name of Person

ONE SOURCE LOGISTICS Group LLC

Firm/Company

508 Canterbury Rd

Address

Gainesville, GA, 30504

City/State and Zip Code

Charleshalvarez@aol.com

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

For further information concerning this matter, please call:

Charles H. ALVAREZ

Name of Person

at (678)

Area Code

630-4037

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**

ONE SOURCE LOGISTICS GROUP 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 JUNE 02, 2014 and assigned
Florida document number L14000088385.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

508 Canterbury Rd
Gainesville GA, 30504

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 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

MGR = Manager
AMBR = Authorized Member

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Change
Add
Remove
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Change
Remove

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

PLEASE Change As Follows,

Charles H. ALVAREZ 34% Member OWNER

Carlos L. ALVAREZ 33% Member OWNER

Andy Otero 33% Member OWNER

E. Effective date, if other than the date of filing: 8/4/2015 (optional)

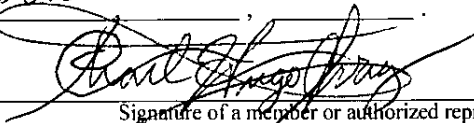
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/4/2015



Signature of a member or authorized representative of a member

Charles H. ALVAREZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA