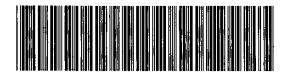
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SECRETARY -- STATE

JUL 0 8 2014 S. YOUNG

COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT: ImiJe	n Logistics, LI	LC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	SECTION
	Arnold H. SI	ott	
		Name of Person	
	Slott, Barker	r & Nussbaum	
		Firm/Company	
	334 East Du	ıval Street	
		Address	
	Jacksonville	, FL 32202	
		City/State and Zip Code	
	Ahslott@sbnjax.co	OM to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		incustori,
Arnold Slot	t	904 353-0	030
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc

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

SLOTT, BARKER & NUSSBAUM

'ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

, 334 East Duval Street Jacksonville Florida 32202-2718 Telephone (904) 353-0033 Telecopier (904) 355-4148 ARNOLD H. SLOTT, P.A.* EARL M. BARKER, JR., P.A. WILLIAM NUSSBAUM, P.A.** HOLLYN J. FOSTER

- * CERTIFIED CIRCUIT CIVIL MEDIATOR
- ** BOARD CERTIFIED REAL ESTATE LAWYER

DATE:

July 1, 2014

TO:

Department of State Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FROM:

Arnold H. Slott

RE:

Amendment of Name: ImiJen Logistics, LLC to EmiJen Logistics, LLC

Enclosed for filing regarding the above-referenced new corporation are:

- 1. Your form cover letter;
- 2. Our trust account check number 8227 in the amount of \$25.00;
- 3. Original Articles of Amendment.

Please contact me with any questions or comments prior to the return of any documentation.

/dlr

Enclosures

SECRETARE 107 8 4:07

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lmiJen Logistics, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	Company were filed on June 24, 2014	and assigned
Florida document number L14000101887	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
EmiJen Logistics, LLC		
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		707
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		07 DA
B. If amending the registered agent and/or registered agent and/or the new registered office address.	stered office address on our records, <u>ente</u> ress here:	er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Now Boristand Agent's Signature if shousing Desistance	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

<u> Títle</u>	<u>Name</u>	Address	Type of Act
			
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			- 25 -0
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I amending any other information, enter change(s) here: (A	, y
ne effective date must be specific, cannot be prior to date of receipt or filed da	(optional) tte and cannot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State)	(optional) ste and cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date date this document is filed by the Florida Department of State) Fated July 1, 2014 Signature of a member of authorized	

Page 3 of 3

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Filing Fee: \$25.00