

L14000101887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

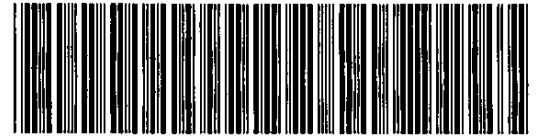
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SECRETARY OF STATE
FALLASVILLE, PA 17327

JUL 08 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ImiJen 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:

Arnold H. Slott

Name of Person

Slott, Barker & Nussbaum

Firm/Company

334 East Duval Street

Address

Jacksonville, FL 32202

City/State and Zip Code

Ahslott@sbnjax.com

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

For further information concerning this matter, please call:

Arnold Slott

Name of Person

at (904) 353-0030

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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

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TALLAHASSEE, FLORIDA

ImiJen Logistics, LLC

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MGR = Manager
AMBR = Authorized Member

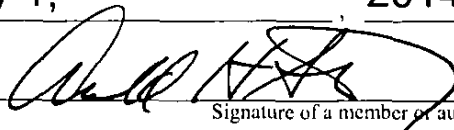
[illegible]

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: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 1, 2014



Signature of a member or authorized representative of a member

Arnold H. Slott

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA