L14000169825

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Regi Divis	istration Sectio sion of Corpor	n ations		
SUBJECT:	Toner Logistics			
SUBJECT:			Liability Company	
The enclosed	Articles of Am	endment and fee(s) are submit	ted for filing.	
Please return	all corresponde	nce concerning this matter to	the following:	
		Garrett Peterson		
	,		Name of Person	
			Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		1712 Lee Rd.		
			Address	
		Orlando, FL 32810		
			City/State and Zip Code	
	٤	gpeterson@copisolutions.com		
	_	E-mail address: (to l	oe used for future annual report notifica	ition)
For further in	nformation conc	erning this matter, please call:		
Garrett Peter	son		407 923-6106 at ()	
	Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a	check for the f	ollowing amount:		
□ \$25.00 F	iling 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

Toner Logistics, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L14000169825	were filed on 10/31/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	625 Pigeon Lane	
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	
Enter new mailing address, if applicable:	625 Pigeon Lane	201
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	- Company
B. If amending the registered agent and/or registered o	ffice address on our record	ls, enter the name of the nev
registered agent and/or the new registered office address her		\$ 24
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess ·
•	_ F	lorida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Garrett C. Peterson	1712 Lee Rd.	Add
	-	Orlando, FL 32810	■ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
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fectiv	e date, if other t	han the date of fi	ling:		(opt	ional)	
n effec	ctive date is listed, the	e date must be specific in this block does no	and cannot be prior of meet the applic	to date of filing or mable statutory filin	ore than 90 days afte g requirements, th	r filing.) Pursua is date will no	nt to 605,02 it be listed :
<u>dte:</u> 1:	THE PROPERTY OF THE PARTY OF TH		of State's records			,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00