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Division of Corporations

Florida Department of State

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Corporate Filing Menu



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	GISTICS US LLC			
SUBJECT:	Name of Lin	nited Linbility Company	• • • • • • • • • • • • • • • • • • •	··
The enclosed Articles of	Amendment and fee(s) are sul	mitted for filing.		
Please return all correspondent	ondenoor			
	SARAH SANTOS			
		Name of Person		
	A & S LOGISTICS US L			
		Firm/Company		N.
	2090 MARSH HAWK DE		_	
	ORLANDO, FL 32837	Address		
		City/State and Zip Code		
	CORPORATIONCORREC	•		
	II-mail address: (to be used for future annual report r	notification)	
For further information c	oncerning this matter, please c	all:		
SARAH SANTOS		321 900-8351		
Name o	F Person	Arca Code Day	time Telephone Number	
Enclosed is a check for th	te following amount:			
\$25.00 Filing Fee	Certificato of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
Rogistr Divisio P.O. Bo	ING ADDRESS: ation Soction n of Corporations bx 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassec, FL	porations 5 Center Circle	

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ARTICLES OF AMENDMENT HISO002393543 **ARTICLES OF ORGANIZATION** OF

(Name of the Limited Liability Compa	
(A Florida Limited I	ny of it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000031891	were filed on 07/08/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1024 HOGAN WAY
(Principal office address MUST BE A STREET ADDRESS)	NORTHAMPTON, PA 18067
_	
10-4	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
UMAINE BUILTESS MAT DE A LOST OFFICE DOAT	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cibi Zin Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

. . .

10/06/2015 TUE 11:38 FAX

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>: MGR = Manager HIS0002393543

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date m ote: If the date inserted in this b ocument's effective date on the I	lock does not meet the applicable state	filing or more than 90 days after filing.) Pursuant to 605,0207 atory filing requirements, this date will not be listed as
record specifies a delaye The 90th day after the re	d effective date, but not an eff cord is filed.	fective time, at 12:01 a.m. on the earlier of
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Signature of a member or authorized representative of a member	SECT	-	
SARAH SANTOS	HAS	- 10	
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