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MAY 17 2016 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: AMERICAN Produce a Mistics 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:
Canalice Gill Name of Person
American Produce a Logistics LC
1053 Taylor Brooke Dr. Address
City/State and Zip Code
City/State and Zip Code Omer produce Damail Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
rol turtier information concerning this matter, please carr:
Candice Gill at (803) 934-0178 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{ (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

AMERICAN Pr	Callity Company as Florida Limited Liabili	it now appears on o	pur records.)		
The Articles of Organization for this Limited Liabi Florida document number 110000402	3	e filed on FC	25.2010 :	and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability	company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Co	ompany," the designa	ntion "LLC" or the abbrevia	ition "L.L.C	1 27
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	ADDRESS)	·		ص ص	두 분 - 두 -
	_			=	
				5	
Enter new mailing address, if applicable:			*****	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			~~~~	
					7-1
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter the	name of	the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:					
-	Enter Florida street address				
_			, Florida		
		City	Zij	p Code	
New Registered Agent's Signature, if changing Regi	istered 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>		<u>Address</u>	Type of Action	
Mgr.	Candice Gill	1453 Taylor Brooke Dr	E Add	
•		Bartow FL 33830	Remove	
			Change	
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, ,	any other information, enter change(s) here: (Attach ad		
			
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(If an effective danger) Note: If the danger	te, if other than the date of filing: ate is listed, the date must be specific and cannot be prior to date of filing a late inserted in this block does not meet the applicable statutory affective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a	07 (Is tì
	pecifies a delayed effective date, but not an effective date, but not an effective day after the record is filed.	ve time, at 12:01 a.m. on the earlier α	of:
Dated FC	bruary 25, 2016.		
	Signature of a member or authorized representa	tive of a mamber	
	•		
	Candice Gill		

Page 3 of 3

Filing Fee: \$25.00