

L16000041226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Kwane Frazier gave me permission  
to change name of the company  
2/22/2017

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02/21/17--01036--025 \*\*30.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
FEB 22 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E'CLAT 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:

KWANE FRAZIER  
Name of Person

E'CLAT LOGISTICS, LLC  
Firm/Company

6001 ARGYLE FOREST BLVD #21-255  
Address

JACKSONVILLE FL 32244  
City/State and Zip Code

Kwane Frazier 6@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KWANE FRAZIER at (904) 568-4436  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ECLAT LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2016 and assigned  
Florida document number 116000041226.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ECLAT Logistical management, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6001 ARGYLE FOREST BLVD.

#21-255

JACKSONVILLE, FL 32244

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6001 ARGYLE FOREST BLVD

#21-255

JACKSONVILLE, FL 32244

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

KWANE FRAZIER

**New Registered Office Address:**

6001 ARGYLE FOREST BLVD # 21-255

*Enter Florida street address*

Jacksonville

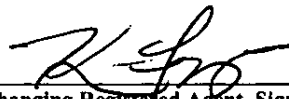
*City*

Florida 32244

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	KWANE FRAZIER	1001 ARGYLE FOREST BLVD	<input checked="" type="checkbox"/> Add
		#21-255	<input type="checkbox"/> Remove
		Jacksonville, FL 32244	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 15<sup>th</sup>, 2017

Kwane Frazier  
Typed or printed name of signer

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