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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

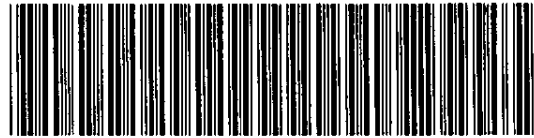
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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FL 32310
17 FEB 13 PM 12:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2017

MARA L DE AMORIM CHELALA
12806 HYLAND CURCLE
BOCA RATON, FL 33428

SUBJECT: FAMA LOGISTICS LLC
Ref. Number: L16000203107

2017 FEB 27 PM 4:35
TALLAHASSEE, FLORIDA

We have received your document for FAMA LOGISTICS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 617A00003020

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 13 PM 12:30

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MA Family Invest 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 11/04/2016 and assigned
Florida document number L16000203107.

This amendment is submitted to amend the following:

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

FAMA Logistics 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 FEB 13 PM 12:30
 SUPERVISOR
 ALL AMBROSIO

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

17 FEB 13 PM 12:30
STATE OF ALABAMA
FALL ARK
1415

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated FEBRUARY 22nd, 2017

Mara L De Amorim Chelala
Signature of a member or authorized representative of a member

Mara L De Amorim Chelala

Typed or printed name of signee