116000214958

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operational and a filling officer.
j
,

Office Use Only



500292860495

12/12/16--01030--013 **25.06

PILED 2: 114

S Warren DEC 13 2016

COVER LETTER

TO:				u,		
SUBĴĬ	Displaceme	nt Logistics LLC	** %			
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		Eraldo Llafja				
		Name of Person				
Displacement Logis SUBJECT: The enclosed Articles of Amendr Please return all correspondence Eral Disp 9800 Jack erald For further information concerning Eva Nastas Name of Person Enclosed is a check for the follow \$25.00 Filing Fee		Displacement Logistics LL	С			
		Displacement Logistics LLC T: Displacement Logistics LLC	Firm/Company			
	Displacement Logistics LLC Name of Limited Liability Company					
			Address			
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: Eraldo Llafja Name of Person Displacement Logistics LLC Firm/Company 9800 Touchton Rd Apt # 512 Address Jacksonville, FL 32246 City/State and Zip Code eraldollafja@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eva Nastas 904 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{ \$\text{S00.00 Filing Fee} & \text{ \$\text{S55.00 Filing Fee} & \text{ \$\text{S60.00 Filing Fee} & \text{ \$\text{Certified Copy} & \text{Certified Copy}						
			City/State and Zip Code			
		• •				
		E-mail address: (t	o be used for future annual report notific	cation)		
For fur	ther information co	oncerning this matter, please ca	dl:			
Eva Na	astas		at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
■ \$ 2:	5.00 Filing Fee		Certified Copy	□ \$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

Displacement Logistics LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lim	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	apany were filed on 11/28/2016 and assigned
Florida document number L16000214958	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:
he 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 ADDRES	
Enter new mailing address, if applicable:	\$2. N
Mailing address MAY BE A POST OFFICE BOX)	U
	2: 11 STATE LORIDA
	TE TE
3. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of th
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eraldo Llafja	9800 Touchton Rd Apt #512	
		Jacksonville, FL 32246	☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
		FLORID	Change
		້ທີ່ ເສົາ ກ່າ	2 1 1 1 1 1 1 1 1 1 1
		LORIDA	Remove
		· · ·	Change

: amenc	ling any other information, enter change(s) here: (Attach additional sheets,	if necessa	ry.) 	
	· ,			
				
				
_				
				
			•	
				
<u>ote:</u> If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	_(optional ays after filin nts, this dat	l) g.) Pursua e will not	nt to 605.0207 t be listed as
	rd specifies a delayed effective date, but not an effective time, at 17 Oth day after the record is filed.	2:01 a.m	. on the	e earlier of
ted	· · · · · · · · · · · · · · · · · · ·			
	Signature of a member or authorized representative of a member	- <u>5</u>	2818 PFC	- 1 1
	Eva Nasias	HASSEE	£ [2]	H
	Typed or printed name of signee	- 1 2	ָ	
		OF STATE	<i>"</i>	
	Page 3 of 3	ᅙ	=	

Filing Fee: \$25.00