117000095725

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co								
EMERI	= '	TUC						
SUBJECT: Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.						
Please return all corresp	oondence concerning this matter	to the following:						
	MARSHA SIHA							
		Name of Person						
	INCFILE.COM							
		Firm/Company						
	17350 STATE HWY 249 S	STE 220						
		Address						
	HOUSTON, TX 77064							
		City/State and Zip Code						
	EFILE1234@INCFILE.CO							
	E-mail address: (to be used for future annual report notifi	cation)					
For further information	concerning this matter, please ca	all:						
MARSHA SIHA		281 235-7533 at ()						
Name	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

EMERITUS LOGISTICS MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000095725</u> .	were filed on MAY 01, 2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		 		
Enter new mailing address, if applicable:		Miles On Maria		
(Mailing address MAY BE A POST OFFICE BOX)		- duzery		
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:		rds, enter the name of the		
New Registered Office Address:				
	Enter Florida street add	lress		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	,			
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I	further agree to comply with		
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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</u>, <u>name</u>, and address of each <u>person</u> <u>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
AMBR CHAUNCEY MARION		4925 WOODMERE RD	■ Add
		LAND O LAKES	□ Remove
		FL, 34639 US	
AMBR	CHAUANCEY MARION	4925 WOODMERE RD	
		LAND O LAKES	■ Remove
		FL, 34639 US	□ Change
			Add
			Remove
			☐ Change
	*****		□ Add
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ffective date, if other than the an effective date is listed, the date must	date of filing:	not be prior to	date of filing or	more than 90 d	_(optional) z) Pursu	ant to 60	15 02
Iote: If the date inserted in this blo	ck does not meet	the applicab	le statutory fil:	ng requireme	nts, this date	e will no	ot be lis	ted
ocument's effective date on the De	partment of State	's records.						
e record specifies a delayed	effective date	but not a	an effective	time, at 1	2:01 a.m.	on th	e earl	ier
The 90th day after the reco	ord is filed.	,, 500						
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Filing Fee: \$25.00