117000095725

| (Řec | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | dress) | |
| (Ado | dress) | |
| (City | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | e) |
| (Doi | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |

Office Use Only



200299833742

200299888742 06/27/17--010/9--026 ++25.00



JUL 12 2017 JUL 12 2017



June 29, 2017

CHUANCEY L MARION 4925 WOODMERE RD LAND O LAKES, FL 34639

SUBJECT: EMERITUS LOGISTICS MANAGEMENT LLC

Ref. Number: L17000095725

We have received your document for EMERITUS LOGISTICS MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00013274

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-------------|--------------------------------------|--|---|---|
| empn | | LOGISTICS MANAGMEN | TLLC | |
| SUBJI | KC1: | Name of Lim | ited Liability Company | *************************************** |
| The en | closed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | CHUANCEY L. MARION | ٧ | |
| | | | Name of Person | |
| | | EMERITUS LOGISTICS | MANAGEMENT LLC | |
| | | | Firm/Company | AIR BUTTON |
| | | 4925 WOODMERE RD | | |
| | | | Address | |
| | | LAND O LAKES, FL 346 | 639 | |
| | | | City/State and Zip Code | |
| | | INFO@EMERITUSLM.C | | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For fur | ther information ec | oncerning this matter, please co | all: | |
| CHUA | ANCEY L MARIO | N | 813 428-0930 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| \$ 2 | 5.00 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 Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 01, 2017 and assigned Florida document number _____L17000095725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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> | Address | Type of Action |
|--------------|-------------------|------------------|----------------|
| AMBR | CHUANCEY L MARION | 4925 WOODMERE RD | \B Add |
| | | LAND O LAKES | |
| | | FL, 34639 US | |
| AMBR | CHAUNCEY MARION | 4925 WOODMERE RD | 7 |
| | | LAND O LAKES | |
| | | FL, 34639 | |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |

| | <u> </u> |
|--|---|
| | |
| | |
| | 92. 6 |
| | |
| | - 1 |
| | • |
| | |
| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of E. If the date inserted in this block does not meet the applicable state | f filing or more than 90 days after filing.) Pursuant to 60 |
| iment's effective date on the Department of State's records. | thory time requirements, this date will not be us |
| | |
| ecord specifies a delayed effective date, but not an effice 90th day after the record is filed. | fective time, at 12:01 a.m. on the earli |
| m/1/24/2 | |
| od / le politica | |
| | |
| | |

Page 3 of 3

Filing Fee: \$25.00