

L17000095725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

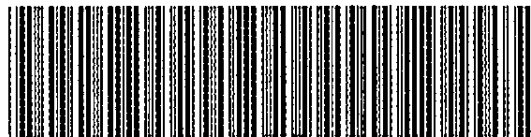
(Document Number)

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OFFICE OF CORPORATION
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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Emeritus Logistics Management 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:

Chuanccy L. Marion
Name of Person

Emeritus Logistics Management LLC
Firm/Company

100 S. Ashley Dr Suite 600
Address

Tampa, FL 33602
City/State and Zip Code

Info@emeritusllm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chuanccy L. Marion at (813) 428-0930
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

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

CHUANCEY MARION
EMERITUS LOGISTICS MANAGEMENT LLC
100 S ASHLEY DRIVE, SUITE 600
TAMPA, FL 33602

SUBJECT: EMERITUS LOGISTICS MANAGEMENT LLC
Ref. Number: L17000095725

We have received your document for EMERITUS LOGISTICS MANAGEMENT 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 018A00019202

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2018 OCT 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FL

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)

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CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 05/01/2017 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 "L.L.C."

Enter new principal offices address, if applicable:

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

100 S. Ashley Dr
Suite 600
Tampa FL 33602

Enter new mailing address, if applicable:

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

100 S. Ashley Dr
Suite 600
Tampa, FL 33602

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager
 BR = Authorized Member

<u>le</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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(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)

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 Oct 2, 2017, _____

C. G. M.

Signature of a member or authorized representative of a member

Chuanrey L. MARION
Typed or printed name of signee