## 117000103094

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SECRETARY OF STATE

D. BRUCE MAY 15 2017

## **COVER LETTER**

TO: Registration Section Division of Corpor	on 🚜 🥌 eations	ت الا غ يغ		换	4.	
SUBJECT: Airp	ort North Logis					
, <b>,</b> , ,	Name of Lin	nited Liability Company	ý			
The enclosed Articles of Am		_				
	Lenette Triv	ett				
		Name of Persor	1		<u> </u>	
	c/o The East	on Group				
	o, o The Bube	Firm/Company				
	10165 NW 19	Street				
		Address				
	Doral, FL 3	3172				
		City/State and Zip C	Code		<del></del>	
-	ejeaston@the	eastongroup. to be used for future an				
			nuai report nouii	cation)		
For further information conce	erning this matter, please c	all:		•	ت	
Lenette Trivet	t	at ( 305	593-22	22 Ext.	8 <b>6</b> 62	9017
Name of Per	son	Area Code	<i></i>	Telephone Nu	IMBERASSE	FILED
Enclosed is a check for the fo	llowing amount:	•			τ <sup>Α</sup> "	, <u>m</u>
□ \$25.00 Filing Fee □	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	у	Cert Cert	00 Filing Feet tificate of Stati tificate Copy	tus &

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

Airport North Logistics C (Name of the Limited Liability Compa (A Florida Limited)	Center IIC iny as it now appear Liability Company)	rs on our records	<u>i.)</u>	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000103094</u> .	were filed on	5-10-17	a	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	ere:		
EWE Airport North Logistic	cs Center 1	LLC		-
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC"	or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)				
	-		28.0 38.0 11.8 11.8 11.8	· · · · · ·
Enter new mailing address, if applicable:	NIA		7 HAY CRE'D	$\mathbf{T}_{i}$
(Mailing address MAY BE A POST OFFICE BOX)		······································	12 SSE	
			70	
			용절 #	O (
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records,	effter the n	ame of the nev
Name of New Registered Agent:	1/4			
New Registered Office Address:				<del></del>
	Enter Flor	ida street address		
<del></del>	City	, Flor		 Code
	City		Σip (	J040

## 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.

NA

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>te:</u> l	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.	date will	not be l	listed as
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.	m, on t	the ea	rlier o
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