9/6/2017

From Larson Accounting 1.321.888.4919 Wed Sep 6 14:06:45 2017 EDT Page 1 of 5 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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To:

Division of Corporations Fax Number : (850)617-6383

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From:

| Account Name | : | LARSON ACCOUNTING AND CONSULTING SERVICES LLC |
|----------------|---|---|
| Account Mumber | | |
| Phone | : | (407)370-3686 |
| Fax Number | ; | (407)370-3120 |

Enter the email address for this business entity to be used for future annual report¹ mailings. Enter only one email address please.



Electronic Filing Menu-

Corporate Filing Menu

Help n SCOTT SEP 7 2017 From Larson Accounting 1.321.888.4919 Wed Sep 6 14:06:45 2017 EDT Page 2 of 5

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TO: Registration Section Division of Corporations

AFC LOGISTIC SERVICES, LEC SUBJECT:

Naine of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE LARSON

T

Name of Person

Larson Accouting & Consulting Services LLC

Firm/Company

7901 KINGSPOINTE PARKWAY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTANT@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| CAROLINE LARSON | | 407 370368 at () | 86 |
|---------------------------|---|---|---|
| Name of Person | | /// | Daytime Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ی کی کے S60.00 Filing Fee. Certificate of Status & کی کے S60.00 Filing Fee. (udditional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 From Larson Accounting 1.321.888.4919 Wed Sep 6 14:06:45 2017 EDT Page 3 of 5

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AFC Logistic Services, L | L.C. | |
|---|---|-----------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | <u>ay as it now appears on our records.)</u> Inbility Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number 1.17000129451 | were filed on <u>06/13/2017</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity continany here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: | ty Company," the designation "LLC" or the abbrev | iation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Muiling 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: | LARSON ACCO | UNTING & CONSU | LTING SERVICE | es îlic | |
|---|-------------------|------------------|------------------|---------|-------|
| New Registered Office Address: | 7901 KINGSPOR | NTE PARKWAY ST | E 17 | | CD |
| | | Enter Florida st | veet address | | 0.1 |
| | ORLANDO | <u>° 1</u> | Florida <u>3</u> | 2819 | بتي د |
| | | City | | Zip Cod | ي - |
| Registered Agent's Signature, if changing | Registered Agent: | | | | در |

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

Page 1 of 3

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

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MGR = Manager AMBR = Authorized Member

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| Title | Name | Address | Type of Action |
|-------|------------------------|------------------|----------------|
| MGR | COUTINHO, FERNANDA B.G | 8436 KARWICK ST | 🖸 Add |
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D. If amending any other information, offer change(s) here: (Affice hacklitional sheets, if necessary.)

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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.

| SUPTEMBER 01 | 2017 | |
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| drie | (10) | |
| | gnature of a member or eathorized representative of a member | |
| ANDRE & COUDINHO | | |
| | Typed or printed name of signee | |
| | Page 3 of 3 Filing Fee: \$25.00 | SEP -6 |
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