L17000 138782

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OCT 21 2017 J. HARRIS

COVER LETTER

SUBJECT:	EMS LOGISTIC LLC
····	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	EVELYN R GONZALEZ EA
	Name of Person
	ACCOUNTING CENTER FOR SMALL BUSINESS LLC
	Firm/Company
	5701 DOGWOOD DR
	Address
	ORLANDO FL 32807
	City/State and Zip Code ACCORL@AOL.COM
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
EVELYN R GONZALE	201-0227
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for th	he following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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

Registration Section Division of Corporations

TO:

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

EMC DIRECTORIA

EMS DEESSED		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000138782	were filed on JUNE 26,2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
EMS LOGISTIC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	ac abhreviation "L. C."
Enter new principal offices address, if applicable:	3956 TOWN CENTER BLVD	F 20
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32837	000
		(A)
Enter new mailing address, if applicable:	3956 TOWN CENTER BLVD	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>ent</u> e:	er the name of the n
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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Department of State's reco	prior to date of filing or oplicable statutory fili ords.	more than 90 days after t ng requirements, this (iling.) Pursuant to (date will not be l	isted as the
2017				
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Signature of a member or a	authorized representativ	e of a member	. -	2017
3	authorized representativ	e of a member		2017 OCT
Signature of a member or	authorized representative	e of a member		2017 0.07 23
Signature of a member or	Sofice.	e of a member		10
	ne date of filing: ust be specific and cannot be block does not meet the ap Department of State's received effective date, but	te date of filing: ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory filing Department of State's records. ed effective date, but not an effective	te date of filing: ust be specific and cannot be prior to date of filing or more than 90 days after follock does not meet the applicable statutory filing requirements, this experiment of State's records.	the date of filing:

Filing Fee: \$25.00