

M12 000000 171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

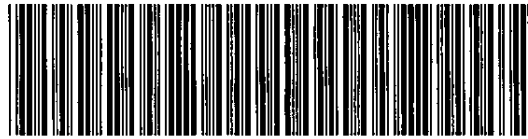
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hazen Final Mile, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Leavitt

Name of Person

Sullivan & Leavitt, PC

Firm/Company

P.O. Box 5490

Address

Northville, MI 48167

City/State and Zip Code

ml@sullivanleavitt.com

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

For further information concerning this matter, please call:

Michael J. Leavitt

Name of Person

at ( 248 ) 349-3980, Ext. 208

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2015

MICHAEL J LEAVITT  
SULLIVAN & LEAVITT, PC  
P.O. BOX 5490  
NORTHVILLE, MI 48167

SUBJECT: HAZEN FINAL MILE, LLC  
Ref. Number: M12000000171

We have received your document for HAZEN FINAL MILE, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 815A00011617

FILED  
15 JUN 10 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Hazen Final Mile, LLC
2. The Florida document number of this limited liability company is: M12000000171
3. Jurisdiction of its organization: Michigan
4. Date authorized to do business in Florida: January 10, 2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: EAMR, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

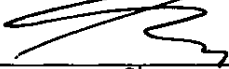
FILED  
15 JUN 10 AM 9:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Michael J. Leavitt, Authorized Agent**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
15 JUN 10 AM 9:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORG.***

***for***

***EAMP, LLC***

***ID NUMBER: D62429***

***received by facsimile transmission on May 22, 2015 is hereby endorsed.***

***Filed on May 26, 2015 by the Administrator.***

***This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***Sent by Facsimile Transmission***

***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 26th day of May, 2015.***

***Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau***

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name  
Michael J. Leavitt

Address  
P.O. Box 5490

City  
Northville.

State  
Michigan

ZIP Code  
48167

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.  
If left blank, document will be returned to the registered office.

**CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION**

For use by Limited Liability Companies

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Amendment:

1. The present name of the limited liability company is:

Hazen Final Mile, LLC

2. The identification number assigned by the Bureau is:

082429

3. The date of filing the original Articles of Organization was: 7-14-2011

4. Article 1 of the Articles of Organization is hereby amended to read as follows:

The Name of the limited liability company is changed to EAMR, LLC.

6. ☐ The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.

☒ The amendment was approved by unanimous vote of all the members entitled to vote.

This document is hereby signed as required by Section 103 of the Act.

Signed this 22nd day of May, 2015

By

(Signature of Member, Manager, or Authorized Agent)

Michael J. Leavitt, authorized agent

(Type or Print Name and Capacity)

05/22/2015 1:44PM (GMT-04:00)