11000074578

(Requestor's Name)	_
(Address)	
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(Document Number)	_
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EXAMINER

L. SELLERS

JUL 11 2011

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SEPRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co					
SUBJECT: FullCarga USA, LLC						
			ited Liability Company		<u> </u>	
		Amendment and fee(s) are sui	_			
	r	<u>.</u>				
<u>.</u>			Andres Proano Name of Person			
Business Telecommunications Services, Inc.						
			Firm/Company			
2			620 S.W. 27th Avenu	ie		
Miami, Florida 33133						
-			City/State and Zip Code			
agomez@bts-usa.com E-mail address: (to be used for future annual report notification)						
For furt	her information o	concerning this matter, please of	call:			
		dres Proano	at (_305_)	358-5850 ext 6		
	Name o	f Person	Area Code	& Daytime Telephone Nu	ımber	
Enclose	d is a check for th	ne following amount:				
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Cert enclosed) Cert	0 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division on Clifton Bu 2661 Exec	f Corporations	SS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FullCarga USA, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
,
The Articles of Organization for this Limited Liability Company were filed on June 27, 2011 and assigned
Florida document numberL11000074578
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio
"L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing 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:
New Registered Office Address:
Enter Florida street address
, Florida
City The 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rafael Luces	2620 S.W. 27th Avenue Miami, FL 33133	Add Remove
MGR_	Rafael Olloqui	2620 S.W. 27th Avenue Miami, FL 33133	✓ Add Remove
MGR	Ricardo Olloqui	2620 S.W. 27th Avenue Miami, FL 33133	Add Remove
MGR	Andres Proano	2620 S.W. 27th Avenue Miami, FL 33133	Add Remove
			Add Remove
			Add Remove
D. If amen	iding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_			
_			_
Dated	July 6,	2011	
	\ ///	Member or authorized representative of a member D. Authorized Representative of Member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00