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SECRETARY OF STATE TALLAHASSEE, FLORING

D. BRUCE

APR 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	section Corporations				
SUBJECT:		ENVIOS, LLC.			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
	LU	IS ANTONIO FAJARDO)		
Name of Person					
U.S. J' ENVIOS, LLC.					
Firm/Company					
4005 NW 114TH AVE, SUITE 24					
		Address		,	
		DORAL, FL 33178		TALL SEC	,
City/State and Zip Code jennyguerrera@hotmail.com E-mail address: (to be used for future annual report notification)			A ₩ 5		
			n	ASS	72
		•	notification)		C2 :3
For further information	n concerning this matter, please	call:			
LUIS A	NTONIO FAJARDO	at (_786_)	325-0882	ORIO	
Name	e of Person	Area Code & Da	aytime Telephone Number		
Enclosed is a check for	r the following amount:				
 ₹25.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	e of Status &	osed)

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

	U.S.J'ENVIOS, LLC.		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	04/04/2012	and assigned	
Florida document number L1200004	16359		
This amendment is submitted to amend the for	llowing:	·	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if appli	cable:		, <u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
	·		<u>}</u> ≈ ≈
			≥2 3 78
Enter new mailing address, if applicable:			S ≥ N
(Mailing address MAY BE A POST OFFICE	E BOX)		# T
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	mame of the new
registered agent and/or the new registered (mice address here:		
Name of New Registered Agent:	LUIS ANTONIO FAJARDO)	
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	City	,	Zip Code
Now Devistored Agent's Signature, if changing	Dogistavad Aganti		

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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Address** Title <u>Name</u> LUIS ANTONIO FAJARDO MGR 4005 NW 114th. Ave. Suite 24 ✓ Add Remove Doral FL 33178 GLORIA F. DI GUARDO MGR 4005 NW 114th. Ave. Suite 24 ✓ Add Remove Doral FL 33178 _____ ∏ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 23rd. Dated_ Signature of a member or authorized representative of a member Juan R. BERNAL

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee