## L12000058863

| (R                                      | equestor's Name)    |           |  |  |
|---|---------------------|-----------|--|--|
| (Address)                               |                     |           |  |  |
| (A                                      | ddress)             |           |  |  |
| (C                                      | ity/State/Zip/Phone | · #)      |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL      |  |  |
| (B                                      | usiness Entity Nan  | ne)       |  |  |
| (Document Number)                       |                     |           |  |  |
| Certified Copies                        | Certificates        | of Status |  |  |
| Special Instructions to Filing Officer: |                     |           |  |  |
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2012 MAY 24 AM 8: 52
SECRETARY OF STATE
TALLAHASSEE, ET ABLE

J. SAULSBERRY EXAMINER MAY 25 2012

## COVER LETTER

| Division of Co            |  | · · · · · ·  |  |    |
|---------------------------|--|--|--|----|
| SUBJECT:                  | Super Tra                                  | ading Cargo LLC  |  |    |
|                           |  | ited Liability Company   |  |    |
| The enclosed Articles of  | of Amendment and fee(s) are sul            | omitted for filing.  |  |    |
| Please return all corresp | pondence concerning this matter            | to the following:  |  |    |
|                           | Maria                                      | Cantalamessa   |  |    |
|                           |  | Name of Person   |  |    |
|                           |  | Firm/Company   | 74   |    |
|                           | 8535 NW 291                                | ·  | 2012 HAY 24 SECRETARY ALLAHASSE  | 1  |
|                           |  | Address  | HAY 24<br>DRETARY<br>AHASSEI   | T  |
|                           | Manin                                      | Fl 33122<br>City/State and Zip Code                              |  | Ti |
|                           | Jalena analala                             | City/State and Zip Code nessa@supeAradinguso                     | 55 6 5   |    |
|                           | E-mail address: (                          | to be used for future annual report notificati                   |  |    |
| For further information   | concerning this matter, please of          | call:  |  |    |
|                           | of Person                                  | at ()  |  |    |
| name                      | of reison                                  | Area Code & Daytime Te   | nepnone Number   |    |
| Enclosed is a check for   | the following amount:                      |  |  |    |
| \$25.00 Filing Fee        | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |    |
| MAII                      | LING ADDRESS:                              | STREET/COURIER   | ADDRESS:   |    |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Super T   | rading Cargo, LLC                                      |                         |                                |
|---|--|-------------------------|--------------------------------|
| (Name of the Limited Liability  | Company as it now appear<br>Limited Liability Company) | rs on our records.      |                                |
| The Articles of Organization for this Limited Liability C   | ompany were filed on                                   | 05/01/2012              | and assigned '                 |
| Florida document number L12000058863  | <u>_</u> .   |                         |                                |
| This amendment is submitted to amend the following:   |  |                         |                                |
| A. If amending name, enter the new name of the lim  | ited liability company her                             | <u>re</u> :             |                                |
| The new name must be distinguishable and end with the wor "L.L.C."                                      | ds "Limited Liability Compa                            | any," the designation " | LLC" or the abbreviation       |
| Enter new principal offices address, if applicable:   |  |                         |                                |
| (Principal office address MUST BE A STREET ADDR   | RESS)  |                         | A 28                           |
|   |  |                         | Z HA                           |
|   |  |                         | AY SAH                         |
| Enter new mailing address, if applicable:   |  |                         | Z4<br>SSE                      |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                         | HAY 24 AM 8: RETARY OF STATION |
|   | <del></del>  |                         | 97A 69                         |
|   |  |                         | Sm 5                           |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office add |  | our records, enter      |                                |
| registered agent and/or the new registered office add   | iess nere.   |                         |                                |
| Name of New Registered Agent:   |  |                         | <del>"</del>                   |
| New Registered Office Address:  |  |                         | - 11 (Mar Marian II )          |
|   | En   | ter Florida street add  | lress                          |
|   |  | , 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 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 **Title** Name **Type of Action** <u>Address</u> Oswaldo Ledezma Semilins MGR 8535 NW 29th St ✓ Add Remove Oswaldo Ledezma MGR 8535 NW 29th St ☐ Add Remove Miami FL 33122 US MGR Migdalia Garcia Rodriguez 8535 NW 29th St ✓ Add ☐ Remove Miami FL 33122 US Migdalia Garcia MGR Add 8535 NW 29th St Remove Miami FL 33122 US Giovanni D'Agostino Goena (A MGR ✓ Add 8535 NW 29th St Remove Miami FL 33122 US MGR Giovanni D'Agostino 8535 NW 29th St ∏Add Miami FL 33122 US Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 18th 2012 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Grovanni

D'Agostino

Filing Fee: \$25.00