# 3 TUE 16: 🌠 12/11/ Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180003476343)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: VDT CORPORATE SERVICES

Account Number : 120180000047 Phone

: (305)878-1516

Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PATAGON LOGISTICS, LLC

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#### **COVER LETTER**

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	tration Section of Corpu					
SUBJECT:	ATAGON L	OGISTICS, LLC				
SUBJECT: _		Name of Linu	ted Liability Computy	<del></del>		
The enclosed A	Articles of Ar	mendment and fee(s) are subi	nitted for filing.			
Please return a	Il correspond	lence concerning this matter	to the following:	,		
		JOAO PEDRO VOLZ		,		
		VDT INTERNATIONAL LLC	Name of Person			
		150 SE 2ND AVE SUITE 98	Firm/Company		2016	
		MIAMI, FL 33131	Address		<b>ŽITI DEC I</b> ŠLOKŠ AP	,
		management@ssintjosephg	City/State and Zip Code		1 AM 8: STELELOR	1
		• • • • • • • • • • • • • • • • • • • •	to be used for future annual report notifi	ication)	8: 51 08:51	
For further infe	ormation con	ncerning this matter, please of	all:		•	
JOAO PERO	VOLZ		305 503-9867			
· · · · · · · · · · · · · · · · · · ·	Name of I	Person	Area Code Daytime	Telephone Number		
Enclosed is a c	check for the	following amount:		,		
■ \$25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (øddliomil cop	of Status &	

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

H18000347 6343

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UJP0003476343

PATAGON LOGISTICS, LLC			
(Name of the Limi	ted Clability Compa (A Florida Limited i	ny as it now annuars on our records. Liability Company)	
The Articles of Organization for this Limited L Florida document number L15000054258	iability Company	were filed on 03/26/2015	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited linb	ility company here:	
The new name must be distinguishable and contain the	1. M ! 14. 1 ! ! 1	Dr. Commun William day in street W. T. C.	on the althoughtion "L. I. C. "
		150 SE 2ND AVE SUITE 906	or the approvidation (S.I.A.C.)
Enter new principal offices address, if applications of the address MUST BE A STREET ASTREET.		MIAMI, FL 33131	
[ [ [ [ ] ] ] ] ] [ [ ] ] [ ] [ ] [ ] [	111001111111		
Enter new mailing address, if applicable;		150 SE 2ND AVE SUITE 906	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33131	S A
			2015 89 3015 51
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o	ffice address on our records, e:	enter the name of the new
Name of New Registered Agent:	VDT CORPO	RATE SERVICES LLC	
New Registered Office Address:	150 SE 2ND /	AVE SUITE 905	
		Enter Florida street uddress	
	MIAMI		rida 33131 Zip Code
		Cliy	Lip 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.

II Changing Reglydred Agent Stengture of New Registered Agent

Page 1 of 3

# 4180003476343 11800366

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

MGR - Manager AMBR = Authorized Member

MIAMI, FL 33131  ————————————————————————————————	<u>Title</u>	Name	<u> Address</u>	Type of Action
MIAMI, FL 33131    Remove	MCB	LEONARDO SALVADOR NETO	150 SE 2ND AVE SUITE 908	
ALEXANDER HOMERO NARCIZO PINHEIRO  150 SE 2ND AVE SUITE 806    Add				
MGR ALEXANDER HOMERO NARCIZO PINHEIRO  150 SE 2ND AVE SUITE 908  MIAMI, FL 33131  C Remove  C Change			MIAMI, FL 33131	
ALEXANDER HOMERO NARCIZO PINHEIRO    Add   Add     Remove     Change     Change     Change     Add     Remove     Change     Add     Remove     Add     Add     Remove     Add     Add     Remove     Add     Add				□ Remove
ALEXANDER HOMERO NARCIZO PINHEIRO    Add     Add				
MGR PINHEIRO				Cliange
MIAMI, FL 33131    Remove	MGR		150 SE 2ND AVE SUITE 906	
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O. If aniending any other information, enter change(s)	nere: (Anach anumonn sneem, y necessary)
	1/2
	- B
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)( applicable starutory filing requirements, this date will not be listed as the seconds.
the record specifies a delayed effective date, b b) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated DECEMBER 6TH 2018	} 
agnature of a member of	or authorized representative of a member
JOAO PEDRO VOLZ	•
Typed o	or printed name of signee

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Filing Fee: \$25.00