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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 3 1 2018

COVER LETTER

	egistration Section of Corp						
CHDILLTT	ISOURCE US LOGISTICS LLC						
SCOLECT	Name of Limited Liability Company						
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please retui	m all correspo	ndence concerning this matter	to the following:				
		HENRY CAICEDO					
			Name of Person				
	ISOURCE US LOGISTIC LLC						
		Firm/Company					
	2201 NE 17TH AVENUE						
			Address				
		WILTON MANORS, FL 3	3305				
			City/State and Zip Code	·····			
		henrycaicedo975@hotmail.					
For further	information c	E-mail address: (oncerning this matter, please e	to be used for future annual report noti	fication)			
HENRY C		•	954 245-8172				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is	s a check for th	ne following amount:					
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed.	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			

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

ISOURCE US LOGISTICS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our reconited Liability Company)	<u>:rds.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number L18000094586		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	
Enter new principal offices address, if applicable:		<u>ي کو</u> و و و و و و و و و و و و و و و و و و
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</u>	MAN MAN
		<u> </u>
		- 66
Enter new mailing address, if applicable:		2,∠
Mailing address MAY BE A POST OFFICE BOX)		
		00 <u>27</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		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

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

<u>Title</u>	Name	Address	Type of Action
р ———	HENRY CAICEDO	220) NE 17TH AVENUE, WILTO	a Add
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		4.	Change
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ective date, if oth	er than the date of filing:		(options	il)
<u>te:</u> If the date inse	o, the date must be specific and cann ted in this block does not meet t late on the Department of State':	he applicable statutory	or more than 90 days after this Ming requirements, this da	ng.) rursuant to 605 ite will not he listi
umem seffective	late on the Department of State	s records.		
	a delayed effective date,	but not an effective	ve time, at 12:01 a.m	n, on the earlie
•	ter the record is filed.			
ed	Henry C Signature of a memb	··		
	Honny	0 /-		
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Filing Fee: \$25.00