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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Ĉity/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 7/8/2019 | | **WALK IN** |
|--|---|-------------|
| ENTITY NAME SOUT LA | N TRADING COMPANY, LLC | |
| | | |
| DOCUMENT NUMBER | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXX | Plain Copy | |
| | Certified Copy | |
| | Certificate of Status | |
| | Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATI NUMBER OF CERTIFICAT | | <u> </u> |
| TOTAL OWED 25^{00} | снеск # <u>1642</u> | _ |
| Please call Tina at the | e above number for any issues or concerns. Thank you so | much! |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sout Lan Trading Company, LLC | | | |
|--|--|---------------|----------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | npany as it now appears on our records.) ad Liability Company) | | |
| The Articles of Organization for this Limited Liability Compar Florida document number | ny were filed on <u>09/13/2018</u> | and assi | gned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | | |
| Unitrading & Logistics, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbrev | riation "L.I. | C." |
| Enter new principal offices address, if applicable: | | | ~=== |
| (Principal office address MUST BE A STREET ADDRESS) | | · · · . | ැස් _ (|
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| | | 45 | 62 |
| Control of the control of the control of | | 300 | _룩 |
| Enter new mailing address, if applicable: | | - () | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | * - |
| | | | <u>o</u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address: | ere: | name (| of the ne |
| | Enter Florida street address | | |
| | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agen | | -4 | |
| | | | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a. | rte performance of my duties, and I am fam | iliar with | r and |

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------------|----------------|
| AMBR | Mejor Holding, LLC | 777 Brickell Ave., Suite 500 | ■ Add |
| | | Miami, FL 33131 | □ Remove |
| | | | ☐ Change |
| AMBR | Fabio Hernani Rasio | 777 Brickell Ave., Suite 500 | |
| | | Miami, FL 33131 | 80 |
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| Effective date, if of the effective date is in Note: If the date in document's effective | other than the date sted, the date must be sp | of filing: ecific and cannot be prices not meet the appli | or to date of filing ocable statutory f | (o | fler filing.) Pursuant to | | |
| the record specifi) The 90th day (| | | ot an effectiv | e time, at 12:0 | 1 a.m. on the ea | ırlier of: | |
| Dated July 5 | | . 2019 | | \/ | | | |
| | Signa | ure of a member or and | liorized representa | tive of a meniber | | - | |

Page 3 of 3

Filing Fee: \$25.00