

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000161574

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000280262 3)))



H220002802623ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : S.LLANIO BUSINESS SERVICES INC  
 Account Number : I2020000011  
 Phone : (239)542-9104  
 Fax Number : (239)540-1760

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Sllaniobusiness@gmail.com

2022 SEP 23 PM 12:16

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 EFB EXPORT TRANSPORT SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED  
 2022 SEP 23 PM 12:16  
 DIVISION OF CORPORATIONS

- 2ND REQUEST -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPB EXPORT TRANSPORT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/11/2020 and assigned Florida document number L20000161574

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3919 SW 15TH AVE

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BARAHONA, CORINA

New Registered Office Address:

3919 SW 15TH AVE

Enter Florida street address

CAPE CORAL

City

Florida

33914

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.

Handwritten signature of Corina Barahona

If Changing Registered Agent, Signature of New Registered Agent

2022 SEP 23 PM 12:16 ILEU

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARAHONA, FILANDER A, JR	1031 CAPE CORAL PKWY EAST SUITE 202	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARAHONA, CORINA	3919 SW 15TH AVE	<input type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

