

L21000 449819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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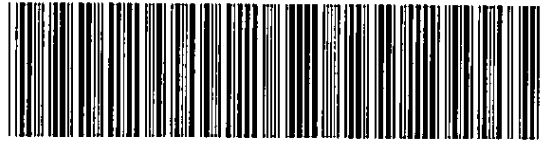
(Business Entity Name)

(Document Number)

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DEPT OF STATE
TALLAHASSEE, FLORIDA

SEP - 8 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOPORTHOS LOGISTICS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wagner Santoro

Name of Person

GOPORTHOS LOGISTIC LLC

Firm/Company

5055 NW 74th Ave Ste 4

Address

Miami FL 33166

City/State and Zip Code

EGarciaTaxes1@BellSouth.Net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wagner Santoro

Name of Person

at (305)

Area Code

607 0026

Daytime Telephone Number

Enclosed is a check for the following amount:

FL Dept of State:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St. Suite 210
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOPORTHOS LOGISTICS 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 Oct 24/21 and assigned
Florida document number L 210000449819.

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:

5055 NW 74th Ave Ste. 4

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33166

Enter new mailing address, if applicable:

5055 NW 74th Ave Ste 4

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33166

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:

Wagner Santoro

New Registered Office Address:

5055 NW 74th Ave Ste 4

Enter Florida street address

Miami
City

Florida

33166
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 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>
<u>MGR</u>	<u>Alessandro J de Toledo Alves</u>	<u>7923 NW 21st Street</u>	<input type="checkbox"/> Add
		<u>Miami Fl 33122</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Pres</u>	<u>Wagner Santoro</u>	<u>5055 NW 74th Ave Ste 4</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33166</u>	
<u>Sec</u>		<u>40%</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>V Pres</u>	<u>Alessandro J de Toledo Alves</u>	<u>5055 NW 74th Ave Ste 4</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33166</u>	
		<u>40%</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Paulo Roberto Dos Santos Leonor</u>	<u>5055 NW 74th Ave Ste 4</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33166</u>	
		<u>20%</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ademir Monaro</u>	<u>5055 NW 74ht Ave Ste 4</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Fl 33166</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

E. Effective date, if other than the date of filing: June 12, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

JUNE, 13 2022

NA

Signature of a member or authorized representative of a member

Wagner Santoro

Typed or printed name of signee

2022 JUN 17 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED