DOCUMENT # LOODOO 14452  KATALYX TRANSPORTATION MEXICO LLC			FILED	1		
			01 MAY 24 AM 10: 42			
Principal Place of Business 1221 BRICKELL AV. MIAMI, FL., 33131	Mailing Address 1221 BRICK MIAMI, FL, 33 C/O PATRICIA MEI		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 1221 Brickell Avenue Suite, Apt. #, etc.	3. Mailing Address 1221 Brickell Ave Suite, Apt. #, etc.	enue c/o Patricia Menén	dez DO NOT WRITE IN THIS			
Suite 1200 City & State	Suite 1200 City & State		4. FEI Number		oplied For	
Miami, FLA  33131 Country USA	Miami, FLA Zip 33131	Country	5. Certificate of Status Desired	\$5.00 Add		
6. Name and Address of 0	Current Registered Agent		7. Name and Address of New Registered			
CORPDIRECT AGENTS  103 N. MERIDIAN ST., LOWER LEVEL  TALLAHASSEE, FL., 32301		Name Street Addre				
			· <u></u>			
, ,	- Mary - Argon	City	FL	Zip Cod	e 	
8. The above named entity submits this state  SIGNATURE  Signature, typed or printed name of registe	ement for the purpose of changing ered agent and title if applicable.  FILE Make Check	g its registered office or region NOTE. Registered Agent signature region NOWIII: FEE: IS: \$50.0 Payable to Department	pured when reinstating)  DATE  OOOO4425  -06/19/011  ***1000.00	9 <b>810</b> 01067 *****		
8. The above named entity submits this state  SIGNATURE  Signature, typed or printed name of registe  9. MANAGING  IITLE  VAME  STREET ADDRESS	ement for the purpose of changing ered agent and title if applicable.	note: Registered office or registered Agent signature registered Agent signature registered Agent signature registered Agent signature registered by the second signature registered by the sec	stered agent, or both, in the State of Florida.  DATE  DO 0004425  -06/19/101  ***1000.00  ADDITIONS/CHANGES  / C FAEL HERNANDEZ  21 BRICKEL LAVENUE	9 <b>810</b> 01067 *****		
8. The above named entity submits this state  SIGNATURE  Signature, typed or printed name of registe  MANAGING  ITLE  VAME	ement for the purpose of changing ered agent and title it applicable.  (In the purpose of changing ered agent and title it applicable.  (In the purpose of changing ered agent and title it applicable.  (In the purpose of changing ered agent and title it applicable.  (In the purpose of changing ered agent and title it applicable.	NOW!!! FEE IS \$50.  NOW!!! FEE IS \$50.  Payable to Departmen  10.  ITILE M. A.  STREET ADDRESS 1.2.  CITY-ST-ZIP M.1  TITLE M.7  NAME M.7  TEE M.7  TAME  STREET ADDRESS 1.2.  CITY-ST-ZIP M.1  TITLE M.7  NAME M.7  TEE TEE TADDRESS 1.2.	DATE  DODO 4 2 5  OOOOO 4 2 5  OOOOOO 6/19/1)1  ***1000.00  ADDITIONS/CHANGES  / C  FAEL HERNANDEZ  21 BRICKELL AVENUE  AND BRICKELL AVENUE  12 BRICKELL AVENUE	9 <b>310</b> 01067 *****		
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B. The above named entity submits this state  SIGNATURE Signature. Typed or printed name of registe  9. MANAGING  INTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  INTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  INTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  INTLE  VAME  STREET ADDRESS  CITY-ST-ZIP	ement for the purpose of changing ered agent and title if applicable.  FILE Make Check  MEMBERS/MEMBERS  Delete	NOTE: Registered office or registered Agent signature red NOWILL FEE IS \$50.1 Payable to Department 10.  TITLE MAY STREET ADDRESS 1.2 CITY-ST-ZIP M.1  TITLE MY NAME STREET ADDRESS 1.2 CITY-ST-ZIP M.1  TITLE MY NAME MY STREET ADDRESS 1.2 CITY-ST-ZIP M.1  TITLE MY NAME MY STREET ADDRESS 1.2 CITY-ST-ZIP M.1  TITLE MY NAME MY STREET ADDRESS 1.2 CITY-ST-ZIP M.1  TITLE MY NAME MY STREET ADDRESS 1.2  TITLE MY NAME MY STREET ADDRESS 1.2	TRICIA MENENDEZ CAMBO 21 BRICKELLAVENUE  ATE  DOTO 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3日 1 0 01067 ***** Change		
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SIGNATURE: PATRICIA MENENDEZ (AMBO PM CONTE 4/30/01 305-925 5417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayling Phone #