L08000062133

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H08000170082 3)))

H08000170082 3ABC-

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

08 JUL 15 AM 8:36
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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

From:
Account Name : JACQUELINE F RODRIGUEZ CPA PA
Account Number : I19990000028
Phone : (954)389-0729
Fax Number : (954)337-8346

RECEIVED
08 JUL 15 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MTM INTERNATIONAL LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD

JUL 16 2008

EXAMINER

08 JUL 15 AM 8:36

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MTM INTERNATIONAL 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 _____ and assigned Florida document number 104000062133

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1867 NW 97 AVENUE, STE 100
MIAMI, FL 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1867 NW 97 AVENUE, STE 100
MIAMI, FL 33172

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: _____

New Registered Office Address: _____
(Enter Florida street address)

_____, **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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Guillermo Carbi (41% of ownership)	1867 NW 97 Avenue, Ste 100 Miami, FL 33172	☑ Add ☐ Remove
MGRM	Jaime Alicea Jr. (45% of ownership)	1867 NW 97 Avenue, Ste 100 Miami, FL 33172	☑ Add ☐ Remove
MGRM	Mariano Perez Ibarez (5% of ownership)	1867 NW 97 Avenue, Ste 100 Miami, FL 33172	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a member or authorized representative of a member

Mariano Perez Ibañez

Typed or printed name of signee

Filing Fee: $25.00