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COVER LETTER

	gistration Secti ision of Corpo				
OUB IECT	_	ternational Logistics of Florid	a LLC		
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	d Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Ella Law			
			Name of Person		–
		Maxfreight International Lo	gistics of Florida LLC		
			Firm/Company		
		11014 N.W. 33rd Street Sui	te 109		
			Address		_
	•	Doral FL 33172			
			City/State and Zip Code		
		ellal@lax.maxfreight.com			_
		E-mail address: (to	be used for future annual re	port notification)	
For further i	nformation con	cerning this matter, please cal	li:		
Ella Law			at ()	1488	
	Name of P	erson	Area Code	Daytime Telephone Numb	er
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific (sed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maxfreight International Logistics of Florida 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 08/23/2005 and assigned Florida document number L05000083689 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enferthe registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida _

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	MIYAMOTO YASUO	708 S. HINDRY AVE	
		INGLEWOOD CA90301	■ Remove
,			Change
MGR	ELLA LAW	11014 N.W. 33RD STREET	= Add
		SUITE 109	□ Remove
		DORAL FL 33172	Change
			☐ Remove
	 		SSEE Add Remove
			Change
			Add
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