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SCUNDANSEE PROBING

B. BOSTICK

JAN 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT:	Emi Treight International CC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Adriana Olarte Name of Person
	Emi treight International UC
	• •
	8298 NW 69th Street
	Address
	miami, FI 33166 City/State and Zip Code a clarte @ emifreightintl. com E-mail address: (to be used for future amual report notification)
	City/State and Zip Code
	aplarte emifreightintl. com E-mail address: (to be used for future amulal report notification)
For further information con	the state of the s
Adriana	Olaste at 305, 597 909 1
Name of P	
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMI FREIGHT INTERNATIONAL	L.L.C
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Ciability Company)	

· ·	ida Limited Liaonity Compa								
The Articles of Organization for this Limited Liability Company were filed on									
This amendment is submitted to amend the following	g:								
A. If amending name, enter the new name of the	limited liability compan	<u>y here</u> :							
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	company," the d	esignation "LLC	j amerik	reviation				
Enter new principal offices address, if applicable:				2 _	,				
(Principal office address MUST BE A STREET AL	ODRESS)		# 1 mg m	:	Leader Ja				
			en.		Succession of the contract of				
Enter new mailing address, if applicable:	<u></u>		5						
(Mailing address MAY BE A POST OFFICE BOX)				H 3					
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	Adriana 8298 NW	Olarte Costn Enter Florid	Street la street address	y					
<u> </u>	Miami	······································	Florida	<u>5316</u>	<u>6</u> .				
	City		2	Zip Code					
New Registered Agent's Signature, if changing Regist	ered 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

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

رکه

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address ebastion lelgado M6RM Remove MGR. ☐ Add **Remove** MGL Omar OHiz Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Januar Signature of a member or aut of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00