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COVER LETTER

	ration Se on of Cor	ection porations		
SUBJECT:		MV Expor	t and Import, LLC	
		· · · · · · · · · · · · · · · · · · ·	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please return all	l correspo	ondence concerning this matter	to the following:	
	Carlos Nelson Barrera Barraza			za
			Name of Person	/
MV		MV	Export and Import, LLC	
			Firm/Company	
		10	35 West Ave, Unit 304	
			Address	
		NA.	iami Beach, FL 33139	
			City/State and Zip Code	
		carlo	osnelsoncn@gmail.com	
			to be used for future annual report	notification)
For further infor	rmation c	oncerning this matter, please of	call:	
	Maria F	Francisca Torrez	at (786)	2619293
	Name o	f Person		ytime Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
₽ \$25.00 Filin	g 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations ng e Center Circle

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

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MV Export and	I Import, LLC		ETARY OR STATE HASSEE, FLORIDA
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears liability Company)	on our records.	HASSEE, FLUKIDA
The Articles of Organization for this Limited Liability Company Florida document number L0700002217	were filed on	01/08/2007	and assigned
Tiorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compan	y," the designation "L	LC" or the abbreviation
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 off registered agent and/or the new registered office address here		ır records, <u>enter tl</u>	e name of the new
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

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Maria Francisca Torrez	1035 West Ave, Unit 304 Miami Beach, FL 33139	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	- -
_			
 Dated	March 29th	/2012 . X	
	Signature of a me	ember or authorized representative of a member	
	Call	os Nelson Barrera Barraza yped or printed name of signee	

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Filing Fee: \$25.00