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(Re	equestor's Name)	 -
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		RT & IMPORT, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The encloses	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		CARLOS BARRERA			
			Name of Person		
		MV EXPORT & IMPORT	T, LLC		
			Firm/Company		
		1035 WEST AVE APT 4	08		
			Address		
		MIAMI BEACH FL 33139	9		
			City/State and Zip Code	<u> </u>	
		E-mail address: (to be used for future annua	ıl report notific	ation)
For further i	nformation co	oncerning this matter, please ca	all:		
CARLOS E	BARRERA			00-9802	
	Name of	Person	at () Aren Code	Daytime 1	Felephone Number
Enclosed is	a check for th	e following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS:		ET/COURIE	R ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MV EXPORT & IMPORT, LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or	01/08/2007 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Elmited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.55 78
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	P O
(Mailing address MAY BE A POST OFFICE BOX)	20 No. 10
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
.,	F1 - 1

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.

City

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>	<u>Address</u>	Type of Action
MGR	KARLA C BARRERA DIAZ	1035 WEST AVE APT 408	∃ Add
		MIAMI BEACH FL 33139	☐ Remove
			Change
			Add
			Remove
			Change Ch
			Remove
<u>-</u>			Add
			□ Remove
			☐ Change
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			Remove

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Effective date, if other the	nan the date of t	filing:		(opt	ional)	
(If an effective date is listed, the Note: If the date inserted i document's effective date of	n this block does:	not meet the appli-	cable statutory filing	re than 90 days afte	r filing.) Pursuant to 60	5.020 ted a
the record specifies a c) The 90th day after t			ot an effective ti	me, at 12:01	a.m. on the earl	ier
	ne record is in	ied.				
Dated		2018	·			
	Cullan	92011	1.0			
	Signature	of a number or auth	norized representative of	of a member	 	

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Filing Fee: \$25.00