

LD7000039137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

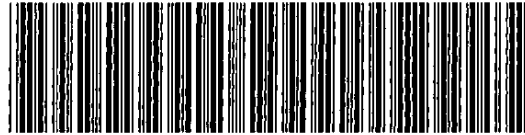
Special Instructions to Filing Officer:

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FEB - 4 2008

EXAMINER

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2008 FEB - 1 PM 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US1 IMPORT EXPORT LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO REYES

(Name of Person)

US1 IMPORT EXPORT LLC

(Firm/Company)

12230 SW 132 CT

(Address)

MIAMI, FL 33190

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS DOMINGO

(Name of Person)

at (786) 486-2928

(Area Code & Daytime Telephone Number)

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

US1 IMPORT EXPORT 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 04/11/2007 and assigned
Florida document number L07000039137.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

CARLOS DOMINGO

New Registered Office Address:

12230 SW 132 CT

(Enter Florida street address)

MIAMI

(City)

Florida

33190

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PEDRO REYES	9257 SW 227 ST #1 MIAMI, FL 33190	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALFREDO PUIGBO	11144 NW 73 ST MIAMI, FL 33178 MGRM	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CARLOS DOMINGO	10841 NW 48 LN MIAMI, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

TOTAL AMOUNT OF SALE: \$15000

THE PAYMENT WILL BE AS FALLOWS:

FIRST PAYMENT OF \$2000 WILL BE PAID ON 12/15/07. NEXT ON 02/24/08

WILL BE \$6000, NEXT ON 03/20/08 WILL BE \$2000, NEXT ON 04/20/08 WILL

BE \$2000, NEXT ON 15/20/08 WILL BE \$3000.

Dated 15 OF DECEMBER, 2007

Signature of a member or authorized representative of a member

PEDRO REYES

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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