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COVER LETTER

	ARATION EXPORT LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RAFAEL HENAO		
		Name of Person	
		Firm/Company	
	6020 NW 99TH AVE SUI		
		Address	
	MIAMI FL 33178		
		City/State and Zip Code	
	t-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	ull:	
RAFAEL HENAO		954 3910812	
Name	of Person	at () 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

REFRIGARATION EXPORT ELC.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number 1.07000075157	oany were filed on <u>07/20/2007</u>	and assigned
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 I	liability Company," the designation "LLC" or	the althreviation T.J., L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>. </u>	8 20 ==
		my 1
Enter new mailing address, if applicable:		AH SO OF STATE
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street address	
	, Floric	la
	t nv	770 L (VOP

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	PAULA KRISTINA HENAO VERA	6020 NW 99TH AVE SUITE 211 MIAMI FL 33178	_■ Add
			□ Remove
			Change
			Add
			Remove
			Change
			APA 29
			APR 29 AH IODO LAHASSET FLORIDA
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ective date, if other than the reflective date is listed, the date mus	date of filing	<u></u>			_ (optional)		
neffective date is listed, the date must te: If the date inserted in this bl	st be specific and ock does not m	cannot be prior to seet the applica	o date of tiling of ble statutory ti	r more than 90 d ling requireme	ays after filing.) P nts, this date wi	ursuant t ill not b	:o 605.029 e listed :
cument's effective date on the D			•	· ·			
record specifies a delayed The 90th day after the rec	f effective d ord is filed.	ate, but not	an effectiv	e time, at 1	2:01 a.m. or	i the e	arlier :
ed APRIL 24		2019	·				
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Typed or printed name of signee

Filing Fee: \$25.00