Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000268380 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAFEN CONSOLIDATORS USA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

OCT 1 3 2017

Electronic Filing Menu

Corporate Filing (Menu

Help

PAGE 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGAN©ZATION OF

| HAFEN CONSOLIDATORS USA, LLC | | |
|--|---|----------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our record Liability Company) | <u>(4</u> 3.) |
| The Articles of Organization for this Limited Liability Compan | y were filed on 09/17/2007 | and assigned |
| Florida document number L07000094301 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Liat | bility Company," the designation "LI | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | 1. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 777 |
| B. If amending the registered agent and/or registered | office address on our recor | rds, enter the name of the n |
| registered agent and/or the new registered office address be | <u>cre</u> : | 0.44.5 6.4.43 |
| | | ; o |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ada | dress |
| | | Therida |
| | City | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Ager | nt: | |
| I have be accord the appointment as registered agent and a | | further agree to comply with |

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> | Name | <u>Address</u> | Type of Action |
|-------------------------------|------------------|------------------------|----------------|
| P | ANDRES É VALDANO | 1672 MICANOPY AVE | D Add |
| | | MIAMI, FL 33133 | ■ Remove |
| | | <u>.</u> | Change |
| P.S.T | JUAN C VALDANO | 808 BRICKELL KEY DRIVE | |
| . | | #3504 | □ Remove |
| | | MIAMI, FL 33131 | ☐ Change |
| Chairman & EVP CARLOS X V. | CARLOS X VALDANO | 848 BRICKELL KEY DRIVE | |
| | | #4401 | □ Remove |
| | | MIAMI, FL 33131 | Change |
| | | | D Acto |
| | | | □ Remove |
| | | <u> </u> | |
| | | | □ SA.dd |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | | |
|--|-------------------|-------------------------------------|-------------------|---------------|-----------------------|
| | | | | | |
| | · | | | | |
| | | - | | | |
| | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | • | | | |
| | | | | ,÷ | |
| | | | | | 30 <u>k</u> |
| | | | | <u></u> 5. | - |
| | | | | <u> :/^</u> | <u>~~~</u> |
| | | | | | 20 |
| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be just the specific and cannot be just th | | | (optional |) = | Rang Services |
| 'an effective date is listed, the date must be specific and cannot be possible. If the date inserted in this block does not meet the applicament's effective date on the Department of State's recomments. | | ng or more than ry filing requir | ements, this date | ≥ will not | b e ligned |
| record specifies a delayed effective date, but The 90th day after the record is filed. | t not an effec | ctive time, a | t 12:01 a.m. | . on the | earlie |
| October 11 2017 | / | | | | |
| Dated October 11 | :// | | 7 | | |
| 50 | 4 | | 1 | | |
| Thature of a member or | authorized repres | sentative of a ma | EUDCL | | |
| Fernando Jimenez, Attorney-in-Fact | // ' | | | | |

Page 3 of 3

Filing Fee: \$25.00