

L07000/21330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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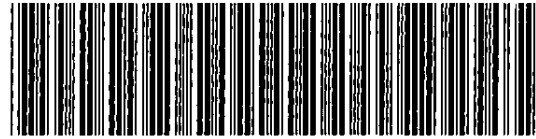
(Business Entity Name)

(Document Number)

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08 MAY 27 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 28 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AROER SERVICES 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:

CHIQUINQUIRA BARRIOS

(Name of Person)

(Firm/Company)

1129 BIG CREEK DRIVE

(Address)

WESLEY CHAPEL, FL. 33543

(City/State and Zip Code)

For further information concerning this matter, please call:

ANIBAL ROBAYO

(Name of Person)

at (813) 962-4598

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$23.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$35.00 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

**MARCH 05, 2008**

**FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314**

**TO WHOM IT MAY CONCERN:**

**I WILL APPRECIATE IMMENSELY IF YOU MAKE THE FOLLOWING NAME CHANGE:**

<b>FROM</b>	<b>TO</b>
<b>AROER SERVICES LLC. (L07000121330)</b>	<b>SUNAMERICAN LOGISTICS LLC.</b>

**I WANT TO INFORM YOU THAT SUNAMERICAN LOGISTICS INC. WILL BE NO LONGER IN EXISTENCE FOR THE YEAR 2008. I OWN THIS NAME (SUNAMERICAN LOGISTIC) AND I WANT TO REPLACE THE NAME OF " AROER SERVICES LLC." FOR SUNAMERICAN LOGISTICS LLC.**

**YOUR ATTENTION REGARDING THIS MATTER WILL BE GREATLY APPRECIATED.**

  
\_\_\_\_\_  
**ERNESTO FUENMAYOR  
MANAGER MEMBER**

**FILED**  
**08 MAY 27 PM 1:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AROER SERVICES LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/05/07 and assigned  
Florida document number L07000121330

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNAMERICAN LOGISTIC LLC.

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:

CHIQUINQUIRA BARRIOS

New Registered Office Address:

1129 BIG CREEK DRIVE

(Enter Florida street address)

WESLEY CHAPEL

Florida 33543

(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)

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated 03/05/08

Signature of a member or authorized representative of a member

*Guillermo Barrion*

Typed or printed name of signee