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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOISER LOGISTICS, 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:
DAVID F. ROBERTS, ESQ.
(Name of Person)
DAVID F. ROBERTS, P.A.
(Firm/Company)
1775 WASHINGTON AVE. SUITE PH-3
(Address)
MIAMI BEACH, FLORIDA 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
DAVID F. ROBERTS, ESQ. at (305) 632-1326 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$25.00 Filing Fee \$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



		104
SOIS	ER LOGISTICS, LLC	
(<u>Name of the Limited Liabi</u> l (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.
he Articles of Organization for this Limited Liability	Company were filed on <u>JANUA</u>	ARY 28, 2008 and assigned
Torida document number <u>L0800009350</u>	·	
This amendment is submitted to amend the following	4	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation
3. If amending the registered agent and/or regegistered agent and/or the new registered office and Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:	(Enter Florida street address)	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered age	nt and agree to act in this capac	ity. I 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 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 **Title** <u>Name</u> <u>Address</u> Type of Action 174 Riverwalk Circle <u>MGR</u> Sidle Roldan **✓** Add Weston, Florida 33326 Remove Add Remove ✓Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Correct spelling of MGRM is Ana Cecilia Sergent Gonzalez. Correct address is Urb. Los Corales, Calle 8 con Av. 14 Qta., Josdeymar, Parroquia Caraballeda Estado Vargas, Venezuela Dated JANUARY 31

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Filing Fee: \$25.00