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SECRETARY OF STATE

D. BRUCE

JAN 27 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alfa EtPort International 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:
Alba Boinstein (Name of Person) Alfa EtPort International Ut (Firm/Company)
2142 Balson Way (Address)
Wellington FL 33414 (City/State and Zip Code) Wellington FL 33414
For further information concerning this matter, please call: Alba Boinstein at 86/ 198-0073 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\omega\$\$30.00 Filing Fee & \$\omega\$\$\$55.00 Filing Fee & \$\omega\$

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Alfa Export Inter	rational LLC	-
(Name of the Limited Liability Compa (A Florida Limited L	ny as <mark>it now appears on our reco</mark> Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $3-17-2$	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the desig	mation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Alba Boins	stein
(Principal office address MUST BE A STREET ADDRESS)	2142 Balson	Mark
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	wellington, 1	33117 99 JAN 26 PH SECRETARS SEE, F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
	(City) Fk	orida(Zip Code)
	(Cuy)	(Lip Coue)

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)

MGR = Manager MGRM = Managing Member Title Type of Action <u>Address</u> <u>Name</u> Alvaro Saldarrigga _ 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.) Signature of a member or authorized representative of a member Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00