L09000024354

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COVER LETTER

	ration Second				
	MEXPOR	T SERVICES LLC			
SUBJECT:		Same of Lim	ited Liability Compa	ny	19 MON
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.		W/
Please return al	l correspo	ndence concerning this matter	to the following:		
		LOURDES A. VAN DER	BIEST		
			Name of Person	on	
		AMEXPORT SERVICES			
			Firm/Compar	ıy	
		6400 NW 82nd AVE			
			Address		
		MIAMI FLORIDA 3316	6		
•			City/State and Zip	Code	
		amexportservices@yahoo.c			
For further info	rmation co	E-mail address: c oncerning this matter, please co	to be used for future : all:	annual report noti	fication)
ALEKSANDA	R LOMP	AR	305	4635260	
	Name of	Person	at (at Cod	Daytin	e Telephone Number
Enclosed is a cl	heck for th	e following amount:			
■ \$25.00 Fili	ng Feo	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cor	ру	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Re Di Cli 26	REET/COURI gistration Section vision of Corpolifion Building 61 Executive Co llahassee, FL 31	rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMEX	(PORT SERVICES LLC.		A. Silver
	(Name of the Limited Liability Comp; (A Florida Limited	ny as it now appears on our recor	rds.) Of March
1	(A Florida Limited	Liability Company)	る %。
The Articles of Organ	nization for this Limited Liability Company	were filed on 03/17/2009	and assigned
Florida document nu	mber L09000026354		
This amendment is so	ubmitted to amend the following:		
A. If amending nam	ne, enter the new name of the limited liab	ility company here:	
The new name must be d	istinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal	l offices address, if applicable:		
(Principal office ada	fress MUST BE A STREET ADDRESS)		
	100.11.00.1.00.11.0		
Enter new mailing :	address, if applicable:		
	• •		
(Studing duaress 1912	AY BE A POST OFFICE BOX)	***-	
	he registered agent and/or registered o		ds, <u>enter the name of the n</u>
registered agent and	d/or the new registered office address her	<u>e</u> :	
Name of No	ew Registered Agent:		
<u>ivanicion iva</u>	, w Registered Agent.		
New Regist	tered Office Address:		
		Enter Florida street addr	ess
	 	, F	Florida = Zin Code
i		•	zaji Cikie
New Registered Agen	it's Signature, if changing Registered Agent:	-	
	appointment as registered agent and agr		
	itutes relative to the proper and complete ons of my position as registered agent as		
	y reflect a change in the registered office	•	•
	notified in writing of this change.	address, Photony Conjuncti	an tax maney manney
	and the second s		
	If Cha	nging Registered Agent, <u>Signatur</u>	e of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u>itle</u>	<u>Name</u>	Address	Type of Action	
1GR	CENTRO AUTOMOTRIZ VOLGAN, C. A.	6400NW 82nd AV MIAMI, FL 33166		
			■ Remove	
			Add	
			□ Remove	
			☐ Change	
				
			□ Remove	
			☐ Change	
<u> </u>				
			☐ Remove	
			_ □ Change	
			Add	
			☐ Remove	
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☐ Remove

_□ Change

1 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i ffect fan efi	ive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u> Yore:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and the record is filed.
Dated	NOVEMBER 01 2019
, III Ç ()	Hand Call
	Signature of a member or authorized representative of a member
	LOURDES VAN DER BIEST
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00