# 109000066603

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## **COVER LETTER**

	Registration Sec Division of Corp		_	
al a mar	GREYMAR	. INTERNATIONAL FREIGI	IT LLC	
SÜBJEC	I:	Name of Lim	ited Liability Compan	
The enclo	sed Articles of :	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspoi	ndence concerning this matter	to the following:	
		LOURDES LOZADA		
			Name of Person	
			Firm Company,	
		2550 NW 72 AVE SUITE:	\$ 119	
			Address	
		MIAMI, FL 33122	•	
			City/State and Zip Code	<del></del>
		gletaxes@gmail.com		
		E-mail address: (	to be used for future annual report not	incation)
For furthe	r information co	oncerning this matter, please ca	all:	
LOURDE	ES LOZADA		305 5463197 at ( )	
	Name of	Person		ne Telephone Number
Enclosed	is a check for th	e following amount:	·	
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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 266 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

GREYMAR INTERNATIONAL FREIGHT LLC

The Articles of Organization for this Limited Liability Company	were filed on 07/09/2009	and	l assigned
Florida document number L09000066603			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
NOT APPLICABLE			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	661 <b>0 NW</b> 82 AVENUE		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166	2020 SE TAL	! !
		CREE AR	
		is ≥ i	<b></b>
Enter new mailing address, if applicable:		$\sim$ $\sim$ $\sim$	; ;
		70 =	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- RATE	
	<del></del>	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		cords, enter the na	me of the new
New Registered Office Address:			
New Registered Office Address.	Enter Florida street o	ıddress	
		. Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provid <mark>e</mark> d for in Chapter (	es, and I am familiar 605, F.S. Or, if this c	with and document is

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>	<u>Name</u>	Address	Type of Action
MGR	HECTOR ENRIQUE ESCOBAR	b. 11001 NW 8 <b>\$</b> :ST-APTO 104	Add
		DORAL, FL	= Remove
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tive date, if other than the date of filit ffective date is listed, the date must be specific as If the date inserted in this block does not ment's effective date on the Department of	meet the applicable statutory filing rec	(optional) han 90 days after filing.) Pursuant to 60 quirements, this date will not be lis
ecord specifies a delayed effective ne 90th day after the record is filed		, at 12:01 a.m. on the earli
FEBRUARY, 27 Signature of	member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00