

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: PADRON AND ASSOCIATES INC.

Account Number: I20060000156

Phone

: (305)818-0404

Fax Number

: (305)818-0898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FEB 23 2015

E/CORRECT OR M/MG RESIGN

ATLAS LATIN CARGO LLC

2/20/2015

Division of Corporations

| Certificate of Status | 0 |
|-----------------------|---------|
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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|--|--|
| | LATIN CARGO LLC | | |
| SUBJECT: | Name of Lim | nied Lisbility Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | RALPH PADRON | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | PADRON & ASSOC | CIATES, INC. | |
| | | Firm/Company | Ten 5 |
| | 2095 W 76TH ST | | FEB F |
| | | Address | 3 20 20 20 20 20 20 20 20 20 20 20 20 20 2 |
| | HIALEAH, FL 33016 | 6 | <u> </u> |
| | RALPH@RALPHPA | City/State and Zip Code DRON.COM | ication) |
| : | F-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | all: | |
| RALPH PADRON | | 305 818-0404 | |
| Name o | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 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) |
| Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulabassec, FL 325 | n ations nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATLAS LATIN CARGO LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liabi</u> (A Flori | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L09000108084 | Company were filed on 11/09/2009 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| | | 三名 5 |
| The new name must be distinguishable and end with the words "L | imited Liability Company," the designation "LLC" | 5 75 -m |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | 20 LE |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 31 = |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | istered office address on our records, dress here: | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | City | Zip Code |
| Non-Donistanad Augusta Claustina 15 de maio Destato | | |

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------|--------------------|--|
| MGRM | DE FREITAS RODRIGUES, GIL R | 5065 N.W. 74TH AVE | Add |
| | | SUITE 7 | ■ Remove |
| | | MIAMI, FL 33166 | |
| MGRM | PERAZA, ALFREDO | 5065 N.W. 74TH AVE | □ Add |
| | | SUITE 7 | Remove |
| | | MIAMI, FL 33166 | TALL SEC |
| MGR | CARBI, GUILLERMO S | 5065 N.W. 74TH AVE | FELVEN FOR THE PROPERTY OF THE |
| | | SUITE 7 | Remove U |
| | | MIAMI, FL 33166 | 11: 44 31: 44 |
| MGRM | AKASIA GROUP LLC | 11300 NW 47TH LANE | ■ Add |
| | | DORAL, FL 33178 | ☐ Remove |
| MGRM | CARBI, GUILLERMO S | 5065 N.W. 74TH AVE | |
| | | SUITE 7 | ☐ Add |
| | | MIAMI, FL 33166 | 400-marine |
| | | | ☐ Add |
| | | | ☐ Remove |

| Effective date, if other than the date of filing: | 02/28/2015 | (optional) |
|---|--|--------------------------------------|
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of | freeeipt or filed date and cannot be me | (optional) are than 90 days after |
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| (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of Dated FEBRUARY 20 | Freceipt or filed date and cannot be ma (State) 2015 | ore than 90 days after |
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