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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER

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SECRETARY OF STATE
TALLAHASSYSTATIONIBA

COVER LETTER

TO: ', Registration Division of	ı Section Corporations				
SUBJECT:	BALLEZ	A EXPORT, LLC.			
		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
		Cesar A. Ponce Name of Person			
		Name of Person			
	Immigration Services, LLC.				
		Firm/Company			
	4005 NW 114th. Ave. Suite 24				
		Address			
		Doral, FL 33178			
		City/State and Zip Code			
	cponce(@immigrationservicesllc.com (to be used for future annual report notification)			
For further information	n concerning this matter, please	• ,			
	Cesar A. Ponce	at (305) 718-8813			
Naп	e of Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Reg Divi P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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

Balleza Exp	oort, LLC.	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	_
The Articles of Organization for this Limited Liability Company Florida document numberL09000117961		d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	8956 NW 24th Terrace	
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33172	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ne of the new
	20	S
New Registered Office Address:	Enter Florida street address	
	Florida Zip.	Code
New Registered Agent's Signature, if changing Registered Agent:	TOR	PH 12: 4
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to be impossible 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 Type of Action** Name **Address** MGR Juan Carlos Balleza DIAZ 8206 NW 116th Ave. Doral, FL 33178 ✓ Add Remove ☐ Add ☐ Remove ☐ Remove ☐ Add Remove ∏Add Remove 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

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00