## L10000028689

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B. KOHR

MAR 25 2010

**EXAMINER** 

SUCRETARY OF STATE
SPISION OF CORPORATIONS
10 MAR 23 AM Q: 21

## **COVER LETTER**

CLUD LD CIT	Miami Po	ort Terminal,LLC		
SUBJECT:		ited Liability Company	<del> </del>	
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	6	
Please return all correspon	dence concerning this matter	r to the following:	OMAR 23	
	An			
		Name of Person		
	Amy (	Gonzalez-Hernandez, P.A. Firm/Company		
	7875 S.W. 40 Street, Suite 229			
		Address		
		Miami, FL 33155		
	,	City/State and Zip Code Amyglaw@gmail.com		
	E-mail address: (	to be used for future annual report notifica	ation)	
For further information co	ncerning this matter, please	call:		
	zalez-Hernandez	ai(	45-8457	
Name of	Person	Area Code & Daytime 1	Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Miami Port Terminal, LLC

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

(A Florida Limited Liability Company)

(11 Torran Elimina E	accounty company)			
The Articles of Organization for this Limited Liability Company Florida document number800172207188	were filed on Monday I	March 15, 2011 and assigned		
L10000028689				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Miami River Port	Terminal, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
	City	Zip Code		

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

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:

	· Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			— ☐ Add
			Remove
	_		Add Remove
	_		Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter ch	tange(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
Dated _	319 2010		
	Signature of a mer	mber or authorized representative of a member	
	·	ny Gonzalez-Hernandez	
	Ty	yped or printed name of signee	

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Filing Fee: \$25.00