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EXAMINER



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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	CT.	ZM LO	GISTICS LLC		
- C D - C		Name of Limit	ed Liability Company		
The en	closed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please	return all corresponde	ence concerning this matter	to the following:		
			VICENTE MEMOLI Name of Person		-
			Name of Person		
		Z	ZM LOGISTICS LLC		_
			Firm/Company		
8103 NW 68TH ST					
			Address		-
			MIAMI FL 33166		_
			City/State and Zip Code		
	-	VICENTE.ME	EMOLI@GRUPOBROI to be used for future annual report	KER.COM	
For fur	rther information cond	eerning this matter, please c	·		
	VICEN	TE MEMOLI	_at (_786_)	293-9081	
	Name of Pe	erson	Arca Code & I	Daytime Telephone Numb	er
Enclos	sed is a check for the l	ollowing amount:			
☐\$25	5.00 Filing Fee [▼\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en-	closed) Certifie	iling Fee, late of Status & led Copy lonal copy is enclosed)

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

	ZM LOGISTICS LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on _	JANUARY 26, 201	1 and assigned
Florida document numberL11000010			
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Cor	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		Ϋ́. =
		, and a second	E SE
Enter new mailing address, if applicable:		ř	7 Z 10
(Mailing address MAY BE A POST OFFICE BOX)			
			B
			>
B. If amending the registered agent and/or the new registered of		n our records, enter t	he name of the new
Name of New Registered Agent:	VICENTE MEMOLI		
New Registered Office Address:	11121 SW 146 PL		
		Enter Florida street ada	ress
	MIAMI	, Florida	33186
	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, Strature 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

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	MELINDA MEMOLI	11121 SW 146 PL MIAMLEL 33186	Add Remove
MGR	GIANNI ZAMPINI	8103 NW 68TH ST MIAMI FL 33166	
MGRM	VICENTE MEMOLI	11121 SW 146 PL MIAMI FL 33186	✓ Add Remove
MGRM	Interfrigo de Venezuela	8103 SW 68TH ST MIAMLEL 33166	Add Remove
 _			Add Remove
······································			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	v.) ——
Dated	MARCH 1	20.11	MP ALL
		ember of authorized representative of a member VICENTE MEMOLI Typed or printed name of signee	TORIDA TORINGTON
		- yr France and a month	The the state of t

Page 2 of 2

Filing Fee: \$25.00