

04/15/2032 06:12

5660 P 4

L110000064779

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000130695 3)))



H1400013069534BC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMERCIAL FREIGHT INNOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
14 JUN -4 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2014 JUN -4 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000130695

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Commercial Freight Innovations LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/02/2011 and assigned
Florida document number L11000064779

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9737 NW 41st Suite 244
Doral, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eduardo Santos

New Registered Office Address:

9737 NW 41st Suite 244

Enter Florida street address

Doral

City

Florida

FL 33178

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 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.

Eduardo Santos
If Changing Registered Agent, Signature of New Registered Agent

H14000130695

H14000130695

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Miguel Casa	9737 NW 41ST Suite 244	<input type="checkbox"/> Add
		Doral, FL 33178	<input checked="" type="checkbox"/> Remove

MGR	Eduardo Santos	9737 NW 41ST Suite 244	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H14000130695

H14000130895

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated May 29th, 2014.

Eduardo Santos

Signature of a member or authorized representative of a member

Eduardo Santos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUN -4 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000130895