

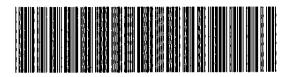
| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to I | Filing Officer: | | | |
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registrat Division of | ion Section of Corporations | · · · · · · · · · · · · · · · · · · · | • | | | |
|-----------------------------------|---|--|--|--|--|--|
| SUBJECT: | R & M INTERNAT | TIONAL LOGISTICS LLC | , | | | |
| SOBJECT. | | ited Liability Company | | | | |
| The enclosed Artic | les of Amendment and fee(s) are su | bmitted for filing. | | | | |
| Please return all co | rrespondence concerning this matte | r to the following: | | | | |
| | | HECTOR RAMOS | | | | |
| | Name of Person | | | | | |
| R & M INTERNATIONAL LOGISTICS LLC | | | | | | |
| Firm/Company | | | | | | |
| 7910 NW 25 ST #201 | | | | | | |
| Address | | | | | | |
| | | MIAMI FL 33122 | | | | |
| City/State and Zip Code | | | <u></u> | | | |
| minternationallogistics@gmail.com | | | | | | |
| | E-mail address: (| to be used for future annual report notifica | ttion) | | | |
| For further informa | tion concerning this matter, please | call: | | | | |
| HECTOR RAMOS | | | 70-3129 | | | |
| N | lame of Person | Area Code & Daytime T | Celephone Number | | | |
| Enclosed is a check | for the following amount: | | | | | |
| []\$25.00 Filing Fe | ce \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| R & M INTERNA | ATIONAL LOGISTI | CS LLC. | |
|--|-----------------------------|-----------------------------|-------------------------|
| (Name of the Limited Liability (A Florida) | Limited Liability Company) | rs ou our records. | |
| The Articles of Organization for this Limited Liability C | Company were filed on | 07/12/2011 | and assigned |
| Florida document number L11000080127 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the lim</u> | ited liability company he | <u>re</u> : | |
| The new name must be distinguishable and end with the wor"L.L.C." | rds "Limited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | (ESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | OCT 3 |
| Mailing address MAY BE A POST OFFICE BOX) | | | 333 |
| | | | 2 3 II |
| | | | SE & O |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | our records, <u>enter t</u> | he name the new |
| The state of the s | t ess ner e | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | ter Florida street add | ress |
| | | , 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:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** Name | MGRM RAFAEL APIZT 13383 SW 142 TE MIAMI FL 33186 ✓ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 20 Dated Signature of a member or anthorized representative of a member **HECTOR RAMOS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00