

Division of Corporations

Page 1 of 1

L11000113955

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.

(((1111000259261 3)))



H110002592613ABC

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) 617-6303

From: Account Name : GREENBERG, TRAUTIG, HOFFMAN, ET AL
Account Number : 076077001461
Phone : (305) 789-5357
Fax Number : (305) 961-5357

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 31 AM 9:24

FILED

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

Email Address: CAMCOLE D ETLAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OSAMI TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS
NOV 1 2011
EXAMINER

RECEIVED
11 OCT 31 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000259261.3)))

FILED

2011 OCT 31 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OSAMI TRANSPORT, 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 October 5, 2011 and assigned
Florida document number L11000113955.

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:

5001 Hammock Lake Drive(Principal office address MUST BE A STREET ADDRESS)Coral Gables, Florida 33156

Enter new mailing address, if applicable:

5001 Hammock Lake Drive(Mailing address MAY BE A POST OFFICE BOX)Coral Gables, Florida 33156B. 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: _____

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

(((H11000259261.3)))

((H11000259261 3))

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	Name	Address	Type of Action
MGR	Oscar Gavilño	5001 Hammock Lake Drive	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33156	<input type="checkbox"/> Remove
MGR	Maria del Rosario Valladares	5001 Hammock Lake Drive	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33156	<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

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

Dated October 28, 2011

Signature of a member or authorized representative of a member

Lourdes Cambo, Authorized Representative

Typed or printed name of signee.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 31 AM 9:24

FILED

Page 2 of 2

Filing Fee: \$25.00

((H110002592613))