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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

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| Division of Cor   |   |   |  |  |
|---|---|---|--|--|
| subject: <u>Ré</u>  | Apid Export                                     | Services LLC ited Liability Company                                       |  |  |
| The enclosed Articles of                                  | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |
| Please return all correspo                                | ndence concerning this matter                   | to the following:   |  |  |
|   | •   | A. Rodriguez  Name of Person  **Port Services  Firm/Company               | 11c  |  |
|   | 8388 Nu   | v 68th ST   |  |  |
|   | Miami   | FL 33166<br>City/State and Zip Code                                       |  |  |
|   |   | pidexportuse.com  |  |  |
| For further information c                                 | oncerning this matter, please of                | •   | meanon)  |  |
|   | •   | at ( 305 ) 776 - Area Code Daytin   | 5931<br>ne Telephone Number  |  |
| Enclosed is a check for the                               | ne following amount:                            |   |  |  |
| S25.00 Filing Fee      S25.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Address Registration S Division of C P.O. Box 632 | Section<br>Torporations                         | Street Address:<br>Registration Sc<br>Division of Co<br>The Centre of     | rporations   |  |
| Tallahassee.  |   | 2415 N. Monroe Street, Suite 810  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liab   | Services  ility Company as it now appears of ida Limited Liability Company) | LLC                                   |                  |
|---|---|---------------------------------------|------------------|
| The Articles of Organization for this Limited Liability Florida document number                         | Company were filed on   |                                       | nd assigned      |
| This amendment is submitted to amend the following:   |   |                                       |                  |
| A. If amending name, enter the new name of the lin  | mited liability company here:   |                                       |                  |
| The new name must be distinguishable and contain the words "I.  | imited Liability Company," the desig  | mation "LLC" or the abbreviati        | on "L.L.C."      |
| Enter new principal offices address, if applicable:   |   | 57                                    | 22               |
| (Principal office address MUST BE A STREET ADI  | DRESS)  |                                       | <u> </u>         |
|   |   | <u> </u>                              |                  |
|   |   | SS                                    | <del>-</del>     |
| Enter new mailing address, if applicable:   |   | e e e e e e e e e e e e e e e e e e e | <u>≥</u> :       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       | <u> </u>         |
| printing underess total total of the total  |   | 5.                                    | .F               |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |   | rds, <u>enter the name of th</u>      | e new registered |
| Name of New Registered Agent:   |   | <del></del>                           |                  |
| New Registered Office Address:  | Enter Florida   | street address                        |                  |
|   |   | Florida                               |                  |
|   | Cuy   | 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address                     | Type of Action                        |
|--------------|--------------------|-----------------------------|---------------------------------------|
| MGR          | Rodriguez, Juan C. |                             | □ Add                                 |
|              | -                  | 8388 NW 68thst Miami FL 331 | 66 XRemove                            |
|              |                    |                             | □Change                               |
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| C. A. C.   | 1.1/2/  |  |               |
|  | Signature of a member or authorized Appresentative of a member of A. Rodriguez  Typed or printed name of signal | ner  |               |

Filing Fee: \$25.00