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(Re	questor's Name)	
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SECRETARY OF STATE
FAIT AHASSEE, FLORIDA

G. HARVEY

DEC 09

EXAMINER

## COVER LETTER

TO: Registration Solution of Con	ection rporations			
SUBJECT: IN	F.F INTERNAS	TOMAL VRANSVORT FR.	EIGNT FORWARDER	25, LL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		•
Please return all correspo	ondence concerning this matter	to the following:		
		Mame of Person		
	<u> </u>	I. V. F. F. Firm/Company		
	8339 /	NW 74th SY Address		
				7
	Min.	11, FL. 33166	(a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	<b>3</b> -n
		City/State and Zip Code  Oity/State and Zip Code  Oity/State and Zip Code  Oity/State and Zip Code  Oity/State and Zip Code	3.55	
	E-mail address: (1	to be used for future annual report notific	ication)	
For further information of	concerning this matter, please ca			
		at ( <u>305</u> ) <u>900</u> - Area Code Daytime		<u>~</u>
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 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

1. 1. 1.1 INTERNATIONAL YR	ANSPORT [ REIGNT FORWA	IRITERS LLC
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number		/_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8339 NW 74th ST	SEC
(Principal office address MUST BE A STREET ADDRESS)	8339 NW 74th 57 MINNI, FL. 33166	AR R
Enter new mailing address, if applicable:		Ed the Control of the
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cini	Zin 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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHAN M. JANCHEZ	5122 NW 79 AVE, ATT. 306 DORAL, PL. 33166	XAdd
		DORAL, PL. 33166	🖸 Remove
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effective date thi	e date must be specific, can s document is filed by the F	not be prior to date lorida Department	of receipt or filed date of State)	5/	ore than 90 days	
effective date thi	e date must be specific, can s document is filed by the F	not be prior to date lorida Department	of receipt or filed dat of State)	representative of	ore than 90 days	s after

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Filing Fee: \$25.00

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