## L1200006886

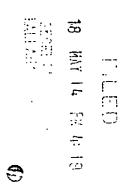
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O SIMMONS
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## **COVER LETTER**

TO;	Registration Sec Division of Corp			
SUBJE	ect: LT	S - INTER MO	o DAL LLC nited Liability Company	<del></del>
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ROBERTO	L. UGO	
			TERMODAL LO	LC_
			heldow Stree	
			_	
		ORLAN	DO FC 328	33
			E KOC GMAIL COM to be used for future annual report notifies	
For fu	rther information co	oncerning this matter, please of	ali:	
R	OBERTO Name of	LUGO Person	at (407) 385-7 Area Code Daytime T	2728 elephone Number
Enclos	ed is a check for the	following amount:		
<b>B</b> S2:	5.00 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

LTS - INTER MODAL LL C.
(Name of the Limited Liability Company as it now appears on our records.)
(Allorida Limited Liability Company) 5/22/2012 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L120006886</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florido street address

## 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

Page 1 of 3

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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	RENE GUEVARA	1893 UAK GROVE Chase	JFFVE Add
		ORLANDO, FL. 32820	
			[ Change
MGR	JEANET GUEVALA	1893 OAK GEOVE Chuse	DR FUCT ■ Add
		ORLANDO, FL. 32820	□ Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing ote:  If the date inserted in this block does not meet the applicable statutory current's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605, filing requirements, this date will not be liste
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
Refug	
Refuge Signature of a member or authorized represent	tative of a member
The state of the s	sec .

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Filing Fee: \$25.00