L12 000154 35

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.*

(((H14000084073 3)))

H14000840733ABC.

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)617-6383

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

2014 APR -8 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A1 INTERNATIONAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

728146

RECEIVED
14 APR -8 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2014

Electronic Filing Menu Corporate Filing Menu Help

H14000084073

(4)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A1 INTERNATIONAL SERVICES 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 06/06/2012 and assigned Florida document number L12000075435.

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:

(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

2014 APR -8 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 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 = Authorized Member

Title	Name	Address	Type of Action
MGR	CESAR BRAVO	10810 NW 138TH ST BAY # 2	☐ Add
		HIALEAH GARDENS , FL 33018	■ Remove
MGRM	A1 CARGO SERVICE CA	MUNICIPIO JUAN ANTONIO SOTILLO	☐ Add
		PUERTO DE LA CRUZ VENEZUELA	■ Remove
MGR	JOSEFINA MOUKEL DE BRAVO	8579 NW 72TH STREET	☐ Add
		MIAMI FL 33166	■ Remove
MGR	JOSE LUIS MATUS OROZCO	8579 NW 72TH STREET	☐ Add
		MIAMI FL 33166	■ Remove
MGR	MIRLA WOODWARD	14205 SW 94 CIR LANE	■ Add
		MIAMI FL 33186	☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 APR -8 AM 8 13

H14C

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April ,07 , 2014

√
Signature of a member or authorized representative of a member

Olmer A. Azuaje
Typed or printed name of signee

2014 APR -8 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000084073