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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG JP FORWARDING LLC

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Corporate Filing Menu Old May J. Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FORWARDING LLC	
(Name of the Lipsted Lipsted (A Florid	hity Company as it now appears of the Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L12000111195	Company were filed on 8/29/2	2012 and essigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new same of the lin	nited liability company here	· •
The new name must be distinguishable and contain the words "Ly	mited Liebility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office ad	<u></u>	
New Registered Office Address:	Enter Florida	s street address
		, Florida
<del></del>		
	City	Zip Coae
New Registered Agent's Signature, if changing Register		Zip Code
New Registered Agent's Signeture, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	ted Azent: at and agree to act in this cap complete performance of m agent as provided for in Cha red office address, I hereby	Zip Code  pacity. I further agree to comply with the y duties, and I am familiar with and apter 605, F.S. Or, if this document is confirm that the limited liability
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	ted Azent:  It and agree to act in this cap complete performance of m agent as provided for in Che red office address, I hereby e.	Zip Code  pacity. I further agree to comply with the y duties, and I am familiar with and apter 605, F.S. Or, if this document is confirm that the limited liability  THE TO
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	ted Azent:  It and agree to act in this cap complete performance of m agent as provided for in Che red office address, I hereby e.	Zip Code  pacity. I further agree to comply with the y dulies, and I am familiar with and apter 605, F.S. Or, if this document is confirm that the limited liability  \[ \begin{align*} \frac{\partial}{2} & \partial

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

Title	Name	Address	Type of Action
MGR	Gabriel M. Pittaluga Shaw	1865 Brickell Ave, A 704	D Add
		Miami, Florida	■ Remov <del>e</del>
			☐ Clasnge
MGR	Jose Luis Santacteri Marinoni	1865 Brickell Ave, A 704	⊒ Add
٠		Miami, Florida 33129	□ Reigove
			☐ Change
	-		bbA 🖳
		-	Remove
			☐ Change
			П Деточе
			□ Change
			D Add
			D Remove
		\	🗅 Change
			SERVE ALL ALL
•			AR S

I amending any other informa	tion, enter change(s) here: (Attach addi	tional sheets, if necessary.)	
	<del></del>	<u>`</u>	
	`		
ffective date, if other than the	date of filing:	more than 90 days after filing.) Pursuant to 605,0207	
<u>late:</u> If the date inserted in this bl	ock does not meet the applicable statutory (il)	more than 90 days after filing.) Parsuant to 605,0207 ing requirements, this date will not be listed as	(3)(0 the
ocument's effective date on the D	:partment of State's records.		
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The 90th day after the rec	ord is filed.	dine, at 12:01 a.m. on the earner of	
	0015	·	
ated August 4	2015		
	( ofen		
	Signature of a member or authorized representative	ve of a member	
		1	
	José Luis Saurazcies	w Harinom / Bugger =	1 >>
	Typed or printed name of signee	AH DE	5
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	D		'n
	Page 3 of 3	$\omega_{-}$	l √I <del>pr</del>
	Page 3 of 3 Füling Fee: \$25.00		