L13000051633

| (Red | questor's Name) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nan | ne) |
| . (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE SHORIDA

N. Culligan SEP 1 9 2013

COVER LETTER

TO: Registration Section Division of Corporations

LAYER 4 TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICIO CANO

Name of Person

LAYER 4 TRANSPORT LLC

Firm/Company

2000 NW 97th AVENUE

Address

DORAL, FL 33172

City/State and Zip Code

mmartinez@alliancecargo.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO CANO

954₈₆₄₋₂₃₀₅

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED 2013 SEP 18 PN 12: 44

SECRETARY OF STATE TALLAMASSER, FLORIDA

| | .AYER 4 TRANSF | | | |
|---|---|---------------------------------|---|--|
| (<u>Name of the Limited</u> | <mark>I Liability Company a</mark> A Florida Limited Liabi | s it now appea lity Company) | rs on our records.) | |
| The Articles of Organization for this Limited L. Florida document number L13000051633 | Liability Company wer | e filed on | 04/09/2013 and assigned | |
| This amendment is submitted to amend the foll | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liability | company he | <u>re</u> : | |
| N/A | | | | |
| The new name must be distinguishable and end wiffL.C." | ith the words "Limited I | Liability Comp | any," the designation "LLC" or the abbrev | |
| Enter new principal offices address, if applicable: | | SAME | | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | <u></u> | | |
| Enter new mailing address, if applicable: | 9 | SAME | | |
| (Mailing address MAY BE A POST OFFICE | <u> BOX)</u> | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | our records, enter the name of the | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 2000 NW 97th | | | |
| | | E. | nter Florida street address | |
| | DORAL | ** | , Florida <u>33172</u> | |
| | C | ity | 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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

Ċ

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** 562 SW 168th WAY **MIRIAM MARTINEZ MGR** WESTON, FL 33326 Remove Remove Remove Remove

| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE NAME FROM: "LILI COBO" |
|----------|---|
| • | TO: "LILIAN COBO" |
| | |
| | |
| Dated | AUGUST 11 2013 |
| _ | and the town |
| | Signature of hember or authorized representative of a member MIRIAH MARTINEZ |
| | Typed or printed name of signee Page 3 of 3 |

Filing Fee: \$25.00

FILED PH 12: 44
SECRETATOR OF STATE