L13000069666

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**GRIPPER LOGISTICS LLC.**

| | |
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T. Burch MAR 5 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

GRIPPER LOGISTICS LLC.
1660 SOUTH OCEAN LN. APT. 249
FT. LAUDERDALE, FL 33316

SUBJECT: GRIPPER LOGISTICS LLC.
REF: L13000069666

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000051977
Letter Number: 814A00004646

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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

GRIPPER LOGISTICS LLC.

(Name of the Limited Liability Company as it now appears on its records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/10/2013 and assigned Florida document number L13000069666.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)***

N/A

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

N/A

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**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: N/A

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 |
|---|---|---|---|
| MGRM | FEDERICO NOGUEIRA | ANTONIO MACHADO 1666 APT 2<br>MONTEVIDEO, URUGUAY 11800 XX | ☐ Add<br>■ Remove |
| MGRM | NOGUEIRA CORUJO, OMAR FEDERICO | 3970 NW 132nd ST UNIT D<br>OPA LOCKA, FL 33054 | ■ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
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D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

N/A

E. Effective date. If other than the date of filing: _____ (optional)

(The effective date must be a date after the date of filing or a date certain not more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 26 2014

Signature of a member or authorized representative of a member

DAYTON J WOODS

Typed or printed name of signer

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