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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

LOGISTICA INTERNATIONAL USA 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:

NOELIA RAMOS

Name of Person

TORRES AND VADILLO LLP

Firm/Company

11402 NW 41 ST STE 202

Address

DORAL, FL 33178

City/State and Zip Code

nramos@torresvadillollp.com

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

For further information concerning this matter, please call:

NOELIA RAMOS

at (305) 485-9700

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**

LOGISTICA INTERNATIONAL USA LLC

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

(**************************************	ou amount company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 08	3/22/2013	and assigned
Florida document number L13000118971			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
INTERNATIONAL LOGISTICS USA LLC			
The new name must be distinguishable and end with the words "L"L.L.C."	Limited Liability Comp	any," the designation "LLC	" or the abbreviatio
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		28)
			<u>.</u>
		·	5
Enter new mailing address, if applicable:			မြို့
(Mailing address MAY BE A POST OFFICE BOX)		1 44	3
(maning dairess MAT BE A FOST OFFICE BOA)		ر مدرد مدرد کار حدرت کار	<u>cò</u>
		<u> </u>	5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street address	3
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove A'dd Remove Remove Remove

If amending any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
·	
ted August 22	2013
 	A.A. :
 	Signature of a member or authorized representative of a member
	MATAL AND I C
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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