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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

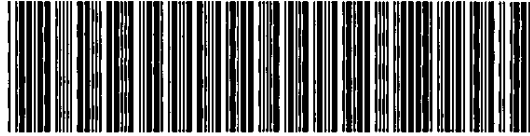
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 11 PM 2:45

FILED

06/27/16--01008--019 \*\*25.00

JUL 11 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONFIANCA LOGISTICS 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:

RODRIGO STEGANI

Name of Person

CONFIANCA LOGISTICS LLC

Firm/Company

6700 NW 77th CT. SUITE 140

Address

MIAMI FL 33166

City/State and Zip Code

accounting01@confiancalogistics.com

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

For further information concerning this matter, please call:

RODRIGO STEGANI

305 635-4949

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2016

RODRIGO STEGANI  
6700 NW 77TH CT SUITE 140  
MIAMI, FL 33166

SUBJECT: CONFIANCA LOGISTICS LLC  
Ref. Number: L14000050451

2016 JUL 11 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CONFIANCA LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris  
Regulatory Specialist II

Letter Number: 016A00013643

FILED  
16 JUL 11 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CONFIANCA LOGISTICS, 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 03/21/2014 and assigned  
Florida document number L14000050451.

This amendment is submitted to amend the following:

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

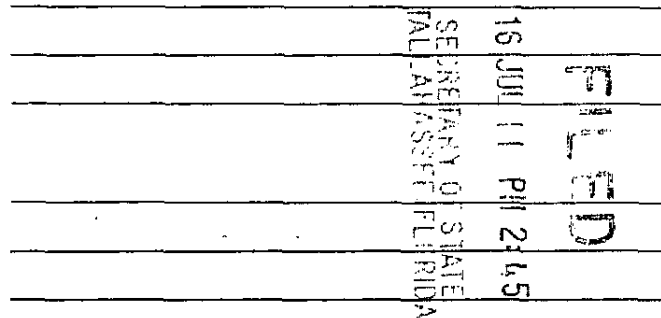
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)



**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:

Rodrigo Stegani

New Registered Office Address:

6700 NW 77th CT. SUITE 140

*Enter Florida street address*

MIAMI

*City*

Florida 33166

*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 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

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                              | <u>Type of Action</u>                      |
|--------------|------------------------|---|--|
| MGR          | MAURO DO NASCIMENTO DO | 11700 NW 102ND RD SUITE 16, MEDLEY FL 33178 | <input type="checkbox"/> Add               |
|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Change            |
| MGR          | RODRIGO STEGANI        |   | <input type="checkbox"/> Add               |
|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        | 6700 NW 77th CT. SUITE 140 MIAMI FL 33166   | <input checked="" type="checkbox"/> Change |
|              |                        |   | <input type="checkbox"/> Add               |
|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Change            |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL  
PM 4:45  
Change

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**E. Effective date, if other than the date of filing:** 06/16/2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

06/16/2016

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

RODRIGO STEGANI

Typed or printed name of signee

FILED  
16 JUL 11 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA