14000050451

Office Use Only



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SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

Division of Corp	orations		
s CHDIECT.	CONFIANCA LOGISTIC	S. LLC	•
1 *	···		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ī	FABRIZIO PETECOF	
		Name of Person	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	CONI	FIANCA LOGISTICS, ELC	
	·	Firm/Company	
	670	00 NW 77TH CT SUITE 140	
		Address	
		MIAMI FL 33166	
	fa		·
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
FABRIZIO PETECOF			
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
	□ \$30.00 Filing Fee &		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

CONFIANCA	LOGISTICS, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	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 lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	,	
 If amending the registered agent and/or registered agent and/or the new registered office add 		enter the name of the ne
egistered agent and/or the new registered office and	itess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flor	ida
	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 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>	Address	Type of Action
MGR	FREDERICO DALMAS BAGGIO	6700 NW 77TH CT SUITE 140 Miami FL 33166	⊟ Add
			Remove
			□ Change
			Add
			☐ Remove
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			AP OIP DEC SECRETA
		, <u></u>	APPROVED AND AND Change Change SECRETARY OF STA IALLAHASSEE, FLORE
			APPROVED AND AND AND Change ENRY OF STATE HASSEE, FLORID.
			□ Remove
			□ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date	1.11	(optional)		
an effective date is listed, the date must be specific and cannot be prior to date (ote: If the date inserted in this block does not meet the applicable st	of filing or more than 90 atutory filing requirer	days after filing.)) Pursuant to will not be	605,020 listed as
ocument's effective date on the Department of State's records.				
e record specifies a delayed effective date, but not an or The 90th day after the record is filed.	effective time, at	12:01 a.m.	on the ea	ırlier o
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ated	1			
	1771			
	14-1-11			

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Filing Fee: \$25.00

Typed or printed name of signee