L150000 14996

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALL ONE Expet-Impot 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:
Patricia Aguiar Vame of Person
All One Export-Impat LLC
8454 Dynasty Dr. Boca Raton
Boca Raton, FL 33433 City/State and Zip Code live . com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Agria at (S61) 703 1312 3 3 1312 3 3 1312 3 3 3 1312 3 3 3 3
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee } \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L150000 14996 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, eater the name registered agent and/or the new registered office address here: য়ে Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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 **Title <u>Name</u> **Type of Action** <u>Address</u> _□ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove □ Chânge U N □ Remove □ Change □ Add _□ Remove ☐ Change □ Add

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Filing Fee: \$25.00