1500039433

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· • #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Division of Corpo	orations					
SUBJECT:	REYCO 1	MEX LLC				
SUBJECT:	Name of Limi	ited Liability Company		 		
The enclosed Articles of Ai	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
		SURELY MOLINA				
	Name of Person					
GLOBAL ACCOUNTING & TAX PROFESSIONALS CORP						
		Firm/Company				
		Address		No.		
	MIAMI FL 331	44				
		City/State and Zip Code		_		
	sglobal.usa@gmail					
	E-mail address: (t	o be used for future annual re	port notification	1)		
For further information con	cerning this matter, please ca	11 :				
SURELY MOLINA		305	640.5951			
Name of P	erson	at () Area Code	Daytime Telep	hone 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 enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REYCO IMEX LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company of Florida document numberL15000039433	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
RI LOGISTICS LLC	•
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5862 WEST FLAGLER STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33144
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	SAME AS ABOVE fice address on our records, enter the name of the records.
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
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 accument 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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fective	date, if other than	the date of	fīling:	05/15/2017		(optio	onal)		
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cument	's effective date on th	e Department	t of State's rec	ords.					
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	MAY 15th	Signature	of a member or	authorized repre	esentative of a me	mber	JSSAH AVYL:		=
The 90	MAY 15th	Signature	/	authorized repressions		mber	HASSEE, I	8 7	ロコココ

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Filing Fee: \$25.00