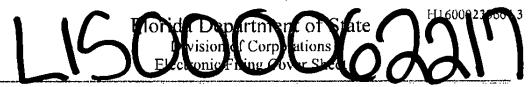
9/20/2016

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TINTOS INTERNATIONAL LLC

Account Number : 120150000068 : (407)731-4498 Phone Fax Number : (407)982-7123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

SUSTAXES@GMAIL.COM Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USA TRANSPORT & LOGISTICS LLC

| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| USA TRANSPORT & LOGISTIC | | | | |
|---------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|--------------------------------------|--|
| (Name of the Lim | (A Florida Limited | any as it now appears on our Liability Company) | records.) | |
| The Articles of Organization for this Limited I Florida document number L15000062217 | | y were filed on $\frac{04/09/2015}{}$ | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited lial | bility company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation | n "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | N/A | | |
| (Principal office address MUST BE A STRE. | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | |
| Mading dadress MAT BE A FONT OF FICE | : DOA) | | AN SA FI | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | THE E | |
| Name of New Registered Agent: | TINTOS INT | ERNATIONAL LLC | ORD 9. | |
| New Registered Office Address: | 5534 FIANSE | | | |
| | Enter Florida stręut address | | | |
| | ORLANDO | | , Florida <u>32809</u> | |
| | | 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.

Carolina Habash

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 H160002336643

| Title | Name | Address | Type of Action |
|-------|-----------------|---------------------------|----------------------------------------------------------------------------------------------------------------|
| AMGR | CHAVEZ, JORGE | 11246 Savannah Landing Cr | Add |
| | | Orlando, FL 32832 | ■ Remove |
| | | | ☐ Change |
| MGR | CAROLINA HABASH | 5534 Hansel Ave | |
| | | Orlando, FL 32809 | □ Remove |
| | | | □ Change |
| | | | |
| | | | □ Remove |
| | | | Change Change |
| | | | FELORIDA AME |
| | | | ☐ Remove |
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| ed September 20th | 2016 | | | |
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| Sig | nature of a member or authorize | ed representative of a memb | er | |
| | | | | |
| CAROLINA HABASH | | | | |

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Filing Fee: \$25.00