115000074778

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COVER LETTER

TO:	Registration Sec Division of Corp			
SURI	Mirage Fre	ight & Logistics Services,	LLC	
5023		Name of Limi	ited Liability Company	
		Amendment and fee(s) are substance concerning this matter	-	
		Daniel Alberto Rodrigue	z	
			Name of Person	
			Firm/Company	
		11353 sw 13th ST		
			Address	***
		Pembroke Pines, Florida	, 33025	
			City/State and Zip Code	
		herculespoirot33@yahoo		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	ırther information co	oncerning this matter, please ca	all:	
Daniel Alberto Rodriguez 786 9012686				
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
2 \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mirage Freight & Logistics Services, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 04/28/2015	and assigned	
Florida document number L15000074778			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "LLC."	
Enter new principal offices address, if applicable:	7700 Nw 81st Place	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida, 33166		
		7	
Enter new mailing address, if applicable:	15800 Pines Boulevard, Suite 3057	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, Florida, 33027	0 元 3	
B. If amending the registered agent and/or registered of		the name of the new	
registered agent and/or the new registered office address her	<u>e</u> :		
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:	L		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agr	ee to comply with the	
		1	

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
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ctive date, if other than the date of filing:		(optional)
effective date is listed, the date must be specific and cannot be prior to deg. If the date inserted in this block does not meet the applicable	ate of filing or more than 90 day e statutory filing requirement	s after filing.) Pursuant to 605 is, this date will not be listed
ment's effective date on the Department of State's records.		
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ecord specifies a delayed effective date, but not a le 90th day after the record is filed.	n enective time, at 12	tor a.m. on the earne
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d November 29th , 2016		
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Filing Fee: \$25.00