

11/9/2017

2017-11-09 16:54:03 (GMT)

18882140633-From: Yanelle Barinas

L1500000B1143

Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : J20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RR TRANSLOGISTICS LLC**

Certificate of Status	1
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Page Count	04
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D SCOTT

NOV 13 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE TRANSLOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/07/2015 and assigned
Florida document number: LI3000081143

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 office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6020 NW 99TH AVE

3309

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6020 NW 99TH AVE

3309

DORAL, FL 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GABRIEL MALAVER

New Registered Office Address:

6020 NW 99TH AVE

Enter Florida street address

DORAL

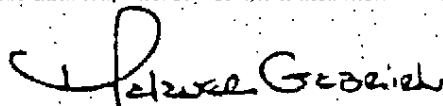
Florida 33178

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 appending 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GABRIEL MALAVER	3020 NW 99TH AVE	☒ Add
		3309	☐ Remove
		DORAL, FL 33178	☐ Change
MGRM	RAUL E PRADAS DIEZ	9737 NW 41 ST	☐ Add
		SUITE 120	☒ Remove
		DORAL, FL 33178	☐ Change
MGRM	ROBERTO PRADAS DIEZ	812 HANDSWORTH LN	☐ Add
		APT 007	☒ Remove
		RALEIGH, NC 27607	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

1157

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 07 2017

RAUL E. PLADAS MEZ

Typed or printed name of signer