11/9/2017

L17000081143

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
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.

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RR TRANSLOGISTICS LLC

Certificate of Status	1
Certified Copy	0
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D SCOTT
NOV 13 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RR 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 L15000081143.

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)

6020 NW 99TH AVE
#309
DORAL, FL 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6020 NW 99TH AVE
#309
DORAL, FL 33178

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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	Name	Address	Type of Action
MGRM	GABRIEL MALAVER	9020 NW 99TH AVE	■ Add
		#309	☐ 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER'07 2017

Signature of a member or authorized representative of a member

RAUL E PRADAS DIEZ

Typed or printed name of signer

Filing Fee: $25.00