## 15000/07356

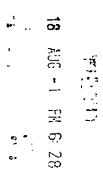
<del> </del>		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·		
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





100316428521

08/01/18--01007--010 \*\*30.60



196 - 7 198 S. PRAIHE

## **COVER LETTER**

	Registration Se Division of Cor			
eup uzc		ICA FREIGHT FORWARDE	R LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		OMAR E VELASQUEZ		
			Name of Person	
		CONAVENCA FREIGHT	FORWARDER LLC	
			Firm/Company	
		10215 NW 62 ST		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		OEVM@YMAIL.COM	o be used for future annual report notifi	iestian)
Confuebo	ur information as	oncerning this matter, please ca		
rortuitine	r illormation ct	oncerning this matter, please cu	ur:	
PAUL JA			305 984-8277 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 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

CONAVENCA FREIGHT FORWARDER	R LLC	A.U.
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	<u>i</u> :
The Articles of Organization for this Limited Liability Florida document number L15000107356	Company were filed on <u>06/19/2015</u>	and assigned of the control of the c
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	8.800 p. 10.000 p. 10.000 p. 10.000	
	Enter Florida street addres	XX
<u> </u>	Fl	orida 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 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
MBR PR	EKMEIRO, ALFREDO, SR	10857 NW 73 TR	
		DORAL, FL 33178	
			☐ Change
MBR	GOVEA. MARIA EUGENIA	10857 NW 73 TR	<b>∃</b> Add
		DORAL, FL 33178	□ Remove
			Change
MBR	VELASQUEZ. OMAR E	10215 NW 52 STREET	
		DORAL, FL 33178	□ Remove
			☐ Change
			□ Remove
		<del></del>	Change
			Remove
			Change
		<del></del>	□ Remove
			□ Change

				hange(s) l							
. —	<del> </del>									<u> </u>	
			_				<del>.</del>				
						_					
		<del></del> -									
								<del></del>			
									<u> </u>		
					<u></u>	_			_		
	-										
					<del>-</del>						
							_				
					· · · · · ·			<u> </u>			
-						<del></del>					
			<u> </u>			-					
					_		<del></del>				
TIPE (											
(If an effecti	date, if other ve date is listed, the	he date must be:	specific and	cannot be pr	ior to date of	filing or mor	e than 90 da	<b>(option</b> : ays after fill	ing.) Pursu	ant to 605.	.0207 (
Note: If t	he date inserted 's effective date	d in this block	does not m	icet the app	licable statu	story filing	requireme	nts, this d	ate will no	ot be liste	d as t
				reem							
		delaved ef	fective d	ate, but	not an eff	ective tir	ne. at 13	2:01 a.n	n on th	e earlie	er of:
the recon	d specifies a		in filmal	<b>,</b>			,			c come	., 0,,
the record	d specifies a Ith day after	the record	is mea.								
) The 90	oth day after	the record	is nied.	2019							
) The 90	d specifies a Oth day after LY 27	the record	is mea.	2018	·						
) The 90	oth day after	the record	is filed.	2018					. ger	18	
) The 90	oth day after	the record	$\overline{a}$		thorized repr	esentative o	f a member		• <b>p</b> o·	18 HUE	ناية -