4/11/2016



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number : 120080000067 Phone -: (845)425-0077

Fax Number : (845)818-3588

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

Email Address:__statenotices@vcorpscrvices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RANUR LOGISTICS LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | anur Logistics LLC | |
|--|---|---------------------------------------|
| (Name of the Limited Linbil (A Florida | ty Company as it now annears on our rec a Limited Liability Company) | eords.) |
| The Articles of Organization for this Limited Liability C Florida document number L15000137931 | Company were filed on 03/22/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "I | LLC" or the observation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2016 APR 12 SECFETAR) TALLAHASS |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | hu-< , ≥ 5.00 l |
| Name of New Registered Agent: | <u> </u> | 5º 5 |
| New Registered Office Address: | Enter Florida street add | clross |
| | | Florida |
| | 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

| AMBR IMBRAX CORPORATION USA MIAMI, FL 33178 | Title | <u>Name</u> | Address | Type of Action |
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| If amending any other information, enter change(s) here: (Ali | tach additional sheets, if necessary.) |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records. | of filing or more than 90 days after filing.) Pursuant to 605.0207 (|
| ne record specifies a delayed effective date, but not an early of the sound of the second is filed. | effective time, at 12:01 a.m. on the earlier of: |
| Dated April 1st 2016 | |
| 73.1 | · · |
| Signalure of a member or authorized r | representative of a member |
| Juliette Nolson | |

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