## 115000/62589

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZULBRA TRANSPORTES E LO			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our rec Jability Company)	ords.)
The Articles of Organization for this Limited I Florida document number L15000162589	Liability Company	were filed on 09/24/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation. LLC."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)	<del> </del>	28 7
			第2.5 <b>5</b>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	ΕΒΟΧ)		-8 00
	<u>_</u>		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	SILVIA THOM	IE PORTUGAL	
New Registered Office Address:	4816 CAYVIEV	W AVENUE - UNIT 305	
		Enter Florida street ad	dress
	ORLANDO		. Florida <sup>32819</sup>
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KALLYNY THOME PORTUGAL	4816 CAYVIEW AVENUE	
		UNIT 305	Remove
		ORLANDO, FL 32819	☐ Change
MGR	KELLY THOME PORTUGAL	4816 CAYVIEW AVENUE	
		UNIT 305	≅ Remove
		ORLANDO, FL 32819	Change
MGR THIAGO THOME PORTUGAL	THIAGO THOME PORTUGAL	4816 CAYVIEW AVENUE	
		UNIT 305	■ Remove
	·	ORLANDO FL 32819	Change
		<del></del>	☐ Remove
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			Remove
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Effective date, if other than the date is listed, the date must be some. If the date inserted in this blocklocument's effective date on the Depole record specifies a delayed of the 90th day after the record.	k does not me artment of St effective da	eet the applica ate's records.	ble statutory f	ling requiremen	nts, this date	e will not be li	sted as t
DECEMBER 20		2017					
Juca	· ·		_·	•		₹ort=t	
Si	gnature of a m	ember or author	rized representa	ive of a member			
SILVIA THOME PORTU	IGAL - MGR	<u>.</u>				DEC 26	
		Typed or printed	I name of signe	:		THE	TH Ch
							**************************************

Filing Fee: \$25.00