# 115000205344

(Re	questor's Name)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUDIE		ICA WAREHOUSE AND DI	STRIBUTION LLC	
SUBJE	C1:	Name of Lim	ited Liability Company	· ••
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		SUSANA DE LA LLANA		
			Name of Person	
		ECUAMERICA WAREHO	OUSE AND DISTRIBUTION LLC	
		<u> </u>	Firm/Company	
		5207 W RIO VISTA AVE		
			Address	
		TAMPA, FL 33634		
			City/State and Zip Code	
		SUSANA@ECUCARGOS	ERVICES.COM  to be used for future annual report notif	Tootion)
For furt	her information co	oncerning this matter, please co		icanon)
SUSAN	NA DE LA LLAN	A	813 882-8466	
	Name of	f Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

FILED 2016 JAN -8 AM 8: 47

#### ECUAMERICA WAREHOUSE AND DISTRIBUTION 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 Co	ompany were filed on DEC 9T	H, 2015 and assigned	
Florida document number L15000205344	L.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	MICHAEL JOAQUII	N DE LA LLANA	
(Principal office address MUST BE A STREET ADDR	ESS) 5207 W RIO VISTA	5207 W RIO VISTA AVE	
	TAMPA FL 33634		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the n	
Name of New Registered Agent: MICH	AEL JOAQUIN DE LA LLANA		
New Registered Office Address: 5207 V	/ RIO VISTA AVE		
	Enter Florida street address		
TAMP		, Florida <sup>33634</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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Joaquin de la Llana	5207 W Rio Vista Ave Tampa FL 3	Add
			Remove
			☐ Change
		<del> </del>	□ Add
			☐ Remove
			☐ Change
		☐ Remove	
			☐ Change
<del></del>			Add
		Remove	
			Change
			Add
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			☐ Change
			Add
			Remove
			Change

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.) Purss.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  December 15th  2015	
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The 90th day after the record is filed.  December 15th 2015	uant to 605.0207 ( not be listed as t
Dated December 15th 2015	ne earlier of:
1 /2	
Signature of a member or authorized representative of a member	
Susana E dela Llana	

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Filing Fee: \$25.00