L1600028125

	(Requestor's Name)
	(Addison)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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MAY O 3 2017 J. HARRIS

COVER LETTER

SUBJECT: EXCL	.USA EXLUSIVE TRANSPO	ORT LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Julio	E. Gonzalez	
		Name of Person	
	EXCLU	SA EXCLUSIVE TRANSPORT	LLC
		Firm/Company	
	2223 F	ROUSE RD	
		Address	- · -
	ORLA	NDO, FL 32817	.
		City/State and Zip Code	
		49@GMAIL.COM to be used for future annual report notif	fication)
Confunthan information of			,
roi turmer imormation ec	oncerning this matter, please ca	air;	
Julio E. Gonzale	.7	et (700) 205 4005	
Name of		at (<u>786</u>) <u>295-4025</u> Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
	•		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

EXCLUSA EXCLUSIVE TRANSP					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on March 7, 2016	and assigned			
Florida document number <u>L16000028125</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)					
		<u> </u>			
Enter new mailing address, if applicable:		527			
(Mailing address MAY BE A POST OFFICE BOX)		3 9 9 5			
		မ္ ႏ			
B. If amending the registered agent and/or registered o		r the name of the new			
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and or, if this document is			

Page 1 of 2

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
AMBR	ROSA ROBINSON	2223 ROUSE RD	
		ORLANDO, FL 32817	Remove
			☐ Change
AMBR	ORQUIDEA QUEZADA	4137 BIBB LANE	□ Add
		ORLANDO, FL 32817	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change GY 00
			A &
		-	□ Remove
			Change
	 		Add
			Remove
			Change

Mrs. Orquidea Q	uezada will have	e 0%/ zero pero	ent ownership s	hare of EXCLUS	SA EXCLUSIVE	
TRANSPORT LL	С .					
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- "- '						
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	. <u> </u>					
			, , ,			
				 		
	<u>.</u>			***		
Affective date, if other the	date must be specific	and cannot be price	r to date of filing or	more than 90 days a		
Note: If the date inserted in locument's effective date or				ing requirements,	this date will not	be listed as
e record specifies a d			ot an effective	time, at 12:0		
The 90th day after the		_			:	7 MAY
		2017	//	/ /		▼ 点型
The 90th day after th		2017	-//			<u> </u>
The 90th day after th	Signature	2017	norized representati	us of a member	. :	THE SIME WAS AS

Page 3 of 3

Filing Fee: \$25.00