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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FANJUL CPA, INC.

Account Number : 120130000039

Phone

: (305)603-8791

Fax Number

: (877)503-6086

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

Email Address: Yvamila 06 @ VAHOO. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARCIA DISTRIBUTORS LLC

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From: Robert Faniul

Fax: (877) 503-6086

Fax: +1 (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARCIA DISTRIBUTORS LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 02/10/2016	and assigned
Florida document number L16000028184		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
GARCIA TRANSPORTATION SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		w{
B. If amending the registered agent and/or register		28 图
B. If amending the registered agent and/or register	red office address on our records, en	ter the name of the nev
registered agent and/or the new registered office addres	is nere:	
None of No. Decl. and Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	$\frac{\Xi_{ii}}{R}$ ω
	.,	
	, Florida	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

MGR = Manager

AMBR = Authorized Member

To:

Fax: +1 (850) 617-8383 / Page 13:01-4 303/24/2016 11:17 AM 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Títle</u>	Name	Address		Type of Action
				O Add
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				Change
				□ Add
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				Remove
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	***************************************			_D Add
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				_□ Change

rom: Robert Fanjul	Fax: (877) 503-6086	To:	Fax: +1 (850) 617-6383	Page 4 of 4 03	0/24/2016 11:17 AM	074290 I
D. If ame	ending any other informa	tion, enter change(s) her	e: (Attach additional sh	neets, if necessar	y.)	- 10110 2
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TI 10.00		date of filing: 3/8	22/16	(antional)		
(If an effi	ive date, if other than the ective date is listed, the date mus If the date inserted in this blo	t he specific and cannot be prio	to date of filing or more than	(optional) 90 days after filing	.) Pursuant to 605	5.0207 (3)(b) ed as the
docum	ent's effective date on the D	epartment of State's records				
If the rec	cord specifies a delayed	Leffective date thut no	nt an effective time.	at 12:01 a.m.	on the earli	er of:
(b) The	90th day after the rec	ord is filed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Dated	3/22/2016					
Dated	ODI	Fine.	·			
	X Consumption	Signature of a member or auti	orized representative of a me	ember		
	CARLOS D	`	ando z			
	<u> </u>	Typed or prin	ted name of signee			

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