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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations			
	CEANGL	OBAL EXPORT LLC.			
SUBJECT: _		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please return	all correspo	ndence concerning this matter	to the following:		
			ALBA M. GIRALDO		
			Name of Person		•
	A&C ACCOUNTING MANAGEMENT SERVICES LLC				
			Firm/Company		•
1111 SW 1ST AVE. #1617					
			Address		SE SE
MIAMI, FL 33130					
			City/State and Zip Code agiraldo.ams@gmail.com		ASSET J
		E-mail address: (to be used for future annual report not	ification)	
For further in	formation c	oncerning this matter, please c	all:		MIL: 46 FSTATE FLORIDA
ALBA M.	GIRALDO		305 710 9329		>m
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Filing Fee □		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpon Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEANGLOBAL EXP	ORT LLC.	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on APRIL 08, 2016	and assigned
This amendment is submitted to amend the following:		
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 Liabili	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14342 SW 97 LANE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186	
Enter new mailing address, if applicable:	14342 SW 97 LANE	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the SECRETARY OF S ALLAHASSEE FL
	, Florida	I I I I I I I I I I I I I I I I I I I
	City	- Min (Da

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>	Address	Type of Action
P	POSADA FINA, MONICA B.	2616 VIRGINIA DR.	
		KISSIMMEE, FL 34741	■ Remove
			Change
VP	PINEDA ROMERO, PABLO C.	2616 VIRGINIA DR.	Add
		KISSIMMEE, FL 34741	■ Remove
			☐ Change
MGR	RUIZ CASTRO, CARLOS A.	16048 SW 143 STREET	Add
		MIAMI, FL 33196	Remove
			A S C S ange
			LAHASIO RA
			SSECON Remove
			CORIDATE Canage
			Add
			□ Remove
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ective date, if other than the da	te of filing:		Coption	al)	
ective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block current's effective date on the Department's	does not meet the appli	icable statutory filing r	than 90 days after fi equirements, this d	ling.) Pursuant to 60 late will not be lis	5.0207 ted as
record specifies a delayed e he 90th day after the record		ot an effective tim	ne, at 12:01 a.ı	m. on the earl	ier of
JULY 19	2016				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00