Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : F & S PROJECTS CORP

Account Number : I20120000041

Phone

: (954)482-9681

Fax Number

: (954)482-8090

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MT FREIGHT CARGO SERVICES LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

(HI6000130361 3) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIT EKEROLI CAROO SEKAROES EL | λ, |
|---|---|
| (Name of the Limited L | Jability Company as it now appears on our records.) Jorida Limited Liability Company) |
| The Articles of Organization for this Limited Liabil Florida document number L16000094028 | lity Company were filed onand assigned |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, enter the new name of the | e limited liability company here: |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e; |
| (Principal office address MUST BE A STREET A | DDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u></u> |
| B. If amending the registered agent and/or | registered office address on our records, enter the name so the new |
| registered agent and/or the new registered office | address here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florido street address 25 9 |
| _ | , Florida 💆 🕳 |
| ·- | Cin: Zin Code |

New Registered Agent's Signature, if changing Registered Agent:

MT EDEIGUT CARCO CERVICECTI C

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 heing 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.

(416000130361 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:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|----------------------------|----------------|
| MGR | TRUJILLO, EDILIA J | 2555 NW 102 AVE, SIЛTE 209 | □ Add |
| | | MIAMI, FL. 33172 | ■ Remove |
| | | | Change |
| MGR | ASCANIO, KATHERING M | 2555 NW 102 AVE, SUITE 209 | ■ ∧dd |
| | | MIAMI. FL. 33172 | Remove |
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| tive date, if other than the differive date is listed, the date must be | se specific and cannot be prid | or to date of filing o | or more than 90 days aft | er filing.) Pursuant to 605. |
| : If the date inserted in this bloc ment's effective date on the Dep | ik does not incet the appl | icable statutory t | iling requirements, th | ns date will not be liste |
| ecord specifies a delayed | errective date, out n | | e (ime, at 12.01 | Same on the come |
| e 90th day after the reco | d is filed. | | | |
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