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| (Requestor's Name) | |
| (Address) | - |
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| (City/State/Zip/Phone #) | - |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | - |
| (Document Number) | - |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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| ability Company |
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| Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: GUSTAVO FREY Name of Person GF LOGISTICS USA, LLC Firm/Company 1952 NW 135TH AVE Address MIAMI, FL 33182 City/State and Zip Code frey@gflogisticsusu.com E-mail address: (to be used for future annual report notification) rning this matter, please call: 1 305 Area Code Area Code Daytime Telephone Number Illowing amount: 1 \$30.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations |
| following: |
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| Name of Person |
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| Firm/Company |
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| Address |
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| /State and Zip Code |
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| sed for future annual report notification) |
| 305 400-8778 |
| Area Code Daytime Telephone Number |
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| Certified Copy Certificate of Status & Certified Copy |
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| Division of Corporations |
| The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORN PRISO

GF LOGISTICS USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | City | Zıp Code |
|---|---|--------------------------------|
| | | orida |
| | Enter Flor:da street addres | 5.5 |
| New Registered Office Address: | _ | |
| Name of New Registered Agent: | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter</u> | the name of the new registere |
| D. M. C. | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Enter new mailing address, if applicable: | | |
| | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| Enter new principal offices address, if applicable: | | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| A. If amending name, enter the new name of the limite | | |
| • | | |
| This amendment is submitted to amend the following: | • | |
| Florida document number 1.16000120235 | | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on 06/22/2016 | and assigned |

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 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 | ECHEVERRI, ESTEBAN | 5106 SW 138TH AVE CIRCLE | |
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| fective date, if other than the in effective date is listed, the date munities. If the date inserted in this becament's effective date on the I | ist be specific an lock does not | d cannot be prio | cable statut | ling or more th | (optionan 90 days after the following the fo | Glina I Durmant | o 605.0207 e listed as |
| ecord specifies a delayed effecti- is filed. | ve date, but no | t an effective | time, at 12:0 |) I a.m. on th | e carlier of: (b) | The 90th day | after the |
| APRIL, 02ND | | 2020 | <u> </u> | | | | |
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| ated APRIL, 02/ND | Signature of a | member or auth | annied | 1 | -) | | _ |