

216000149634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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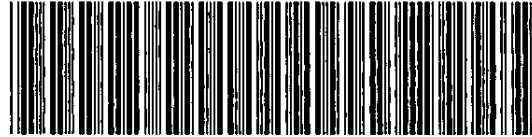
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KASE LOGISTICS NORTH AMERICA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID HERNANDEZ, CPA

Name of Person

DHCPA INC

Firm/Company

8725 NW 18TH TERRACE SUITE 302

Address

DORAL, FL 33172

City/State and Zip Code

DHERNANDEZ@DHCPAINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HERNANDEZ, CPA

305 707-8007
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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**

KASE LOGISTICS NORTH AMERICA LLC

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

The Articles of Organization for this Limited Liability Company were filed on AUGUST 10, 2016 and assigned
Florida document number L16000149634.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

7955 NW 21ST STREET

DORAL FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7955 NW 21ST STREET

DORAL, FL 33122

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DAVID HERNANDEZ, CPA

New Registered Office Address: 8725 NW 18TH TERRACE SUITE 302

Enter Florida street address

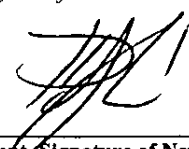
DORAL, Florida 33172

City

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

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>	<u>Type of Action</u>
AMBR	CARLOS L RAMIREZ	7955 NW 21ST STREET	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GLEISY D TORO	7955 NW 21ST STREET	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SERGIO M ROYERO	7955 NW 21ST STREET	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	JUAN CARLOS ESQUIVEL	7955 NW 21ST STREET	<input type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 10, 2017

Signature of a member or authorized representative of a member

SERGIO M ROYERO - AUTHORIZED MEMBER

Typed or printed name of signee