

L16000150157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

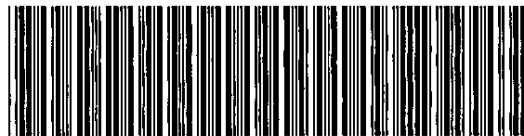
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FILED
17 MAY 31 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2017

J SHIVERS

ATL International Logistics LLC

6861 SW 196th Avenue – Suite 116

Pembroke Pines, FL 33332

Dear Sir, we would like to request a change to our LLC filled under Doc# L16000150157.

Find enclosed the Articles of Amendment Form and a check for payment!

Any further questions, feel free to contact us.

A handwritten signature in black ink, appearing to read 'Robson Lopes', with a large, stylized loop at the end.

Robson Lopes

Tel# 954 689.0939

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ATL INTERNATIONAL LOGISTICS, 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 AGO/16/2016 and assigned
Florida document number 216000150157

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>
MGR	PEDRO D. PAULA	6861 SW 196 th Ave-	<input checked="" type="checkbox"/> Add
		SUITE # 116	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33332	<input type="checkbox"/> Change
MGR	FREDERICO P. DRUMOND	6861 SW 196 th Ave.	<input type="checkbox"/> Add
		SUITE # 116	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33332	<input checked="" type="checkbox"/> Change
MGR	JOSE C. B. DIAZ JR.	6861 SW 196 th Ave.	<input type="checkbox"/> Add
		SUITE # 116	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33332	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
WASHINGTON, D. C.
20520

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 5 / 29, 2017

JOSE COZZOLINO B. DIAS JUNIOR
Typed or printed name of signee