

L16000177891

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : TAXLEAF.COM INC
Account Number : T20140600084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

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

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SNS FREIGHT LLC

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JUL 13 2018

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SNS FREIGHT 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 SEPTEMBER, 23RD, 2016 and assigned Florida document number L16000177891.

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 end with 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)

5275 CAUSEWAY BLVD

TAMPA, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5275 CAUSEWAY BLVD

TAMPA, FL 33619

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

City

Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	INALQUIM SRL	AV. G77, UV 220 MANZANA41	☐ Add
		SANTA CRUZ, BOLIVIA BO	☒ Remove
MGR	SALVADOR LANDIVAR	5410 CAUSEWAY BLVD SUITE 105	☐ Add
		TAMPA, FL 33619	☒ Remove
MGR	SALVADOR AUGUSTO LANDIVAR SUAREZ	5275 CAUSEWAY BLVD	☒ Add
		TAMPA, FL 33619	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY, 11TH 2018



Signature of a member or authorized representative of a member
SALVADOR AUGUSTO LANDIVAR SUAREZ

Typed or printed name of signer

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FILED
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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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