

10/23/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H18000306711 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES  
Account Number : I20130000076  
Phone : (305)388-7028  
Fax Number : (305)479-2705

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KARLOS LOGISTICS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 24 2018

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

FILED  
18 OCT 23 AM 11:52  
SEAL  
TALLAHASSEE, FLORIDA

KARLOS 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 02/27/2017 and assigned  
Florida document number L17000046057.

This amendment is submitted to amend the following:

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

FUTRONO, LLC

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) \_\_\_\_\_

7951 RIVIERA BLVD

SUITE 210

MIRAMAR, FL 33023

**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:

N/A

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**

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          | MARIA A OCANDO   | 8813 WEST 35 AV   | <input type="checkbox"/> Add               |
|              |                  | HIALEAH, FL 33018 | <input checked="" type="checkbox"/> Remove |
|              |                  |                   | <input type="checkbox"/> Change            |
| MGR          | MARIA A OCANDO   | 8813 WEST 35 AV   | <input type="checkbox"/> Add               |
|              |                  | HIALEAH, FL 33018 | <input checked="" type="checkbox"/> Remove |
|              |                  |                   | <input type="checkbox"/> Change            |
| MGR          | JUAN PABLO SILVA | 7951 RIVIERA BLVD | <input checked="" type="checkbox"/> Add    |
|              |                  | SUITE 210         | <input type="checkbox"/> Remove            |
|              |                  | MIRAMAR, FL 33023 | <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            |

18 OCT 23 PM 12:00  
FILED  
TALLAHASSEE, FL  
CLERK OF COURT  
JANET M. HARRIS

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

N/A

FILED  
18 OCT 23 PM 12:00  
TALLAHASSEE, FLORIDA

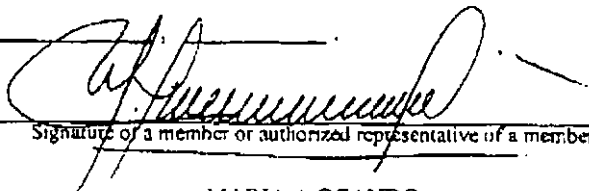
E. Effective date, if other than the date of filing: 10/23/2018 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10/23/2018



Signature of a member or authorized representative of a member

MARIA A OCANDO

Typed or printed name of signer