Division of Corporations Electronic Filing Cover Sheet

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132

Phone : (305)374-7580

Phone : (305)351-2122

**Enter the email address for this business entity to be used for future
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRIXPORT LLC	
Name of the Limited Liability	Company as it now appears on our records.) Jimited Liability Company)	
	•	
The Articles of Organization for this Limited Liability Co	mpany were filed on 04/13/2017	and assigned
Florida document number L17000083455	·	•
Florida document number	- `	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Lizbility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
· ·		
		72.0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		(7)
B. If amending the registered agent and/or regist	tered office address on our records, gr	ater the namerof the ne
registered agent and/or the new registered office addi	ress here:	0 8
-	•	28 10,5
Name of New Registered Agent:	·	
Name of New Registered Agent.		
New Registered Office Address:	Enter Fiorido street address	•
	en . d d	·_
	, Florid	Zip Code
	3 4 2 2 4 2	

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

Page 1 of 3

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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

Title	Name	Address	Type of Action
AMBR	JUAN L. SIMUNOVIC RIVADENEIR	201 ALHAMBRA CIRCLE SUITE 701	□ Add
		CORAL GABLES, FL 33134	≅ Remove
			Change
MGR	JUAN L. SIMUNOVIC RIVADENEIR	20! ALHAMBRA CIRCLE SUITE 70!	🕏 Add
		CORAL GABLES, FL 33134	
			Change
			□ Add
			☐ Remove
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The 9				2020					
F	ebruary 3								
	ebruary 3	/	<u></u> /\	Vi					

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Typed or printed name of signee

Filing Fee: \$25.00