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## COVER LETTER

TO: >	Registration Sec Division of Corp			
		HOLGUIN	I ENVIOS LLC	
SUBJE	ECT:	Name of Lim	ited Liability Company	·····
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			EDUARDO RODRIGUEZ	
			Name of Person	
			HOLGUIN ENVIOS LLC	
Firm/Company				
			224 ATLANTIC ISLES	
			Address	
			SUNNY ISLES, FL 33160	
			City/State and Zip Code	
			eduard172011@yahoo.com.mx	
		E-mail address: (	to be used for future annual report i	notification)
For fur	ther information co	oncerning this matter, please co	all:	
EDU	JARDO RODRIGI	JEZ	786 354-7057	,
	Name of	l Person	at () Area Code Day	time Telephone Number
Enclose	ed is a check for th	e following amount:		
□ <b>\$</b> 2:	5.00 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

HOLGUIN ENVIOS LLC

05/17/2017 and assigned system "LLC" or the abbreviation "LLC."		
nation "LLC" or the abbreviation "L.L.C."		
nation "LLC" or the abbreviation "L.L.C."		
RST UNIT 2		
RST UNIT 2		
ърt 112 A		
ur records, enter the name of the		
th St Apt 112 A		
Enter Florida street address		
, Florida		
Zip Code		
1		

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>	Address	Type of Action
PR	LENNY EDUARDO RODRIGUE	7985 NW 8th ST APT 112 A. MIA	■ Add
			□ Remove
			□ Change
PR	EDUARDO RODRIGUEZ	224 ATLANTIC ISLES SUNNY IS	□ Add
		•	■ Remove
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	02/14/2018
<b>ective</b> reffect	e date, if other than the date of filing:(optional) tive 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.
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listett's effective date on the Department of State's records.
MILICI	t's effective date on the Department of state's fectords.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	Oth day after the record is filed.
ted	February 14th, 2018.
	$\mathcal{A}$
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00