Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : 120160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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

Email:	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARROW 5 TRANSPORT, LLC

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MAY 2 0 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARROW 5 TRANSPORT LLC

The assi	Articles of Organization for this Florida Limited Liability Company were filed on <u>06/29/2017</u> argned Florida document number: L17000141634	ıd
	Article I	
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."	;
	Article II	
,	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)	7º23 MAY 1
	Article IV	- P#
В.	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:	e = 07
Nan	ne of New Registered Agent:	
	- 1 A A A A A A A A A A A A A A A A A A	

New Registered Office Address:

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

Title	Name	Address	Type of Action			
AMBR	PEZENTERPRISE LLC	8391 RANDAL PARL BLVD	REMOVE			
		ORLANDO, FL 32832	ADD			
Title	Name	Address	Type of Action			
AMBR	PSO & ZARU INVESTILLO	5401 S KIRKAN RD STE 135	REMOVE			
		ORLANDO, FL 32819	ADD			
Title	Name	Address	Type of Action			
AMBR	ACS INVESTMENTS GROUP LLC	90 SW 3 RD STE 2101	REMOVE			
		MIAMI, FL 33130	ADD			
Title	Name	Address	Type of Action			
AMBR LX ENTERPRISE LLC		5401 S KIRKMAN RD STE 135	REMOVE			
		ORLANDO, FL 32819	ADD			
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						

D. 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: A

Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signee