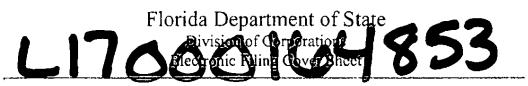
To:

8/30/22, 1:54 PM

**Olvision of Corporations** 



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To:

Division of Corporations

Fax Number : (8

: (850)617-6383

From:

Account Name : EXPRESS

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

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Email	Address:		· · · · · · · · · · · · · · · · · · ·	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCT WAREHOUSING LLC

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## ADTICLES OF AMEXIDMENT

ARTICLES OF AIVI	
TO.	ů Š
ARTICLES OF ORG	ANIZATION
OF	

Name of the Lin	(A Florida Limited Liability Compan)	ears on our records.)
The Articles of Organization for this Limited Florida document number L17000164853	08/02/2017 and assigned	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	20 <b>2</b>
•	<u></u>	AC P
		T L
Enter new mailing address, if applicable:		20 0
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	SON NO.
		i i i
B. If amending the registered agent and/or agent and/or the new registered office address.		records, enter the name of the new registered
Name of New Registered Agent:	Maria Grazia Carpentieri Pena	
New Registered Office Address:	9383 NW 13TH ST	
Frew Wekintered Office Address.	Enter F	iorida street addrass
	DORAL	, Florida <sup>33172</sup>
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

CCT WAREHOUSING LLC

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 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	CARLO CARPENTIERI	9383 NW 13TH ST	□Add
		DORAL, FL 33172	<b>—</b>
			☐ Change
			□Add
			□Remove
			Change
<del> </del>			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Кетоус
			Change
			□Add
			□Remove

From: Yanet Avila

Typed or printed name of signee

Maria Grazia Carpentieri Pena