## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: E & F DATEN GROUP LLC Account. Name

Addount Number : 120160000049 : (954)384-8565 Phone

: (954)385-5175 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 11 11 LOGISTICS LC

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## COVER LETTER

TO:	Registration Se Division of Cor	ction porations	<u></u>	
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	<u> </u>	Name of Limi	ied Linbility Company	
The er	actosed Articles of	Amendment and feets) are subj	mitted for filing.	
		DIEGO FIGUEROA	<u> </u>	<del></del>
			Name of Person	
		E&F LATIN GROUP LLC	S (50)	
			CS LLC  Name of Limited Limbility Company  Indirient and fee(s) are submitted for filing, nee concerning this matter to the following:  DIEGO FIGUEROA  Name of Ferson  EXF LATIN GROUP LLC  Firm Company 3  IS20 N CORPORATE LAKES BLVD STE 109  Address  WESTON FL 33326  Coy/State and Zip Code icego/cethutinaccounting.com  E-mail address: to be used for future annual report notification)  Erning this matter, please call:  at (254  Area Code  Dirytine Tetephone Number  DIS0.00 Filing Fee & Certified Copy faiktnood copy is enclosed)  at Street Copy and	
		1820 N CORPORATE LA	KES BLVD STE 109	
			of Limited Limbility Company  The submitted for filing.  Maine of Person  PLLC  Firm Company  The LAKES BLVD STE 109  Address  City/State and Zip Code  Aling.com  dress: (to be used for future annual report notification)  lease call:  at (954  Area Code)  Area Code  Daytime Telephone Number  STREET/COURTER ADDRESS: Registration Section  Division of Corporations	
		WESTON FL 33326		
		· <del></del>		
		diego@eflatinaceounting.co	ım	lication)
For fu	uther information c			
DIEC	O FIGUEROA	f Person	at ( 954 ) 384 8505	e Telephone Number
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Enclo	sed is a check for the	ne following amount:		
	25.00 Filing Fee	□ \$30,00 Filing Fee &	Certified Copy taikinonal copy is enclosed)	Certificate of Status & Certified Copy
	Regisu Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassec, FL 32314	Registration Section	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 11 LOGISTICS LLC	٠.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it no / appears on inbility Company)	our records.	- <del></del>
The Articles of Organization for this Limited Liability Company	were filed on 08/14/2	017	and assigned
Florida document number L17000172274			
his amendment is submitted to amend the following:	<b>.</b>		
A. If amending name, <u>enter the new name of the limited linb</u>	ility comrany here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	2665 EXECUTIVE	PARK DR	
Principal office address MUST BE 4 STREET ADDRESS)	SUITE 2-10!		
	WESTON FL 33331		
Enter new mailing address, if applicable:	2665 EXECUTIVE	PARK DR	
Mailing address MAY BE A POST OFFICE BOX)	SUITE 2-101	<del></del>	
	WESTON FL 33331		
B. If amonding the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:  New Registered Office Address:			the name of the t
	112	. Florida	⊃: ⊗
<del></del>	City	, ridiida	Zip Codes
			(D)

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

•

7

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

:

1000

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
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	•	WESTON, FL 33331	☐ Cliange
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,	Signature of a	u member ve anilyo	red representative of:	s member	

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