Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000287250·3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R GARCIA LOGISTICS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

D. SCOTT

VON

D

Electronic Filing Menu

Corporate Filing Menu

Help

6 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| R Garcia Logistics LLC | |
|---|---|
| (Name of the Umited Liability (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) |
| The Articles of Organization for this Limited Liability C Florida document number L17000216915 | q |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limi | ited liability company here: |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | delignation and the appreviation at the control of |
| (Principal office address MUST BE A STREET ADDR | (ESS) |
| | |
| C-4 | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| n ve | 1 |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | tered office address on our records, enter the hame of the |
| Selection and of the new registered office addr. | ess nere: |
| N. Car | An |
| Name of New Registered Agent: | |
| New Registered Office Address: | SET U |
| | Enter Florida strees address |
| | Florida = |
| | City - Zip Gode |
| lew Registered Agent's Signature, if changing Registered | Agent; |
| ecept the obligations of my position as registered age | and agree to act in this capacity. I further agree to comply with implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, If this document is a conflict address, I hereby confirm that the limited liability |
| | |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | D |
| | Page 1 of 3 |

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 | <u>Name</u> | Address | Type of Action |
|-------------|------------------------|------------------------|----------------|
| MGR | Renee Noguem | 10030 SW 213th Terrace | |
| | | Cutler Bay, FL 33189 | □ Add |
| MGR | Rene J. Garcia Noguera | 10030 SW 213th Terrace | Change |
| | | Cutler Bay, FL 33189 | Add □ Remove |
| | | | ☐ Change |
| | | | Ādd |
| | | | □ Rémove |
| | | | Change |
| | | | ALL |
| | | | DI Di Change |
| | | ; | |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | | Remove |
| | | | Change |

| | | | | | | |
|---|--|----------------------|---------------------------------------|--------------------|--|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | ·· <u>·</u> | | | <u></u> : |
| | | | | | | ·· |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| - | | | | | | · |
| | · | | | _ | | 1 |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | - | - | |
| | | | | | · | |
| | | | | | | |
| | | | | • | | |
| | | | | · | - | 2 |
| | | | | | <u> </u> | _ |
| المراقة المعالم | | | | | 프 건글 | . A0 |
| Circuive date is list | her than the date of filled, the date must be specific or this block does no | and sample be priced | a date of filing or my | | onal)) 🤼 | ئ أ |
| | erted in this block does no date on the Department of | | ble statutory filing | requirements, this | date will n | ot be listed |
| | | t batte 3 records. | | | 6- | = |
| record specifie | s a delayed effective | a date, but not | an effective ric | me. at 12:01 a | 1.E | جي ممالخوم مو |
| he 90th day af | ter the record is file | d. | | , 20 12.01 0 | | ic do nier |
| November 1 | // 1 | 2017 | | | | |
| ed | -[/-[/- | | | | | |
| | 17/4 | | 1 | | | |
| - | Signature of | a member or author | ized representative of | f a member | | . |
| Fernando J | / limenez, Auumney-in-Pac | | | | | |
| | | , , | | | | |

Page 3 of 3

Filing Fee: \$25.00