L17000218126

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S. WARREN DEC 2 6 2017

COVER LETTER

Div	ision of Corpo	orations		
SHR HECT:	VELASQUE	Z EXPORT LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclosed	l Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		JONATHAN ASERRAF		
			Name of Person	
			Firm/Company	
		7950 NW 53RD STREET,	SUITE 337	
			Address	
		MIAMI, FLORIDA 33166		
			City/State and Zip Code	
		JA@OFFIXSOLUTIONS.C		
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation cor	ncerning this matter, please ca	И:	
JONATHA	N ASERRAF		305 799-1576 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 H	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:

TO:

Registration Section

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

VELASQUEZ EXPORT LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears o a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number L17000218126	Company were filed on 10/20	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent or brovisions of all statutes relative to the proper and coaccept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my gent as provided for in Cha ed office address, I hereby o	eduties, and I am familiar with and opter 605, F.S. Or, if this document is confirm that the limited liability
	ir 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
MGRM	Velasquez Bastidas, Diego Andres	7950 NW 53RD STREET	
		SUITE 337	Remove
		MIAMI, FL 33166	[] Changa
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove Remove Remove Remove Remove Remove Remove
			☐ Change

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<u>.</u>		
'an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Do	f effective date, but not an effective time, at 12	lays after tiling.) Pursuam to 605.02 ents, this date will not be listed
December 10d	2017	17
December 19th		
howave 1	Signature of a member or authorized representative of a member	EC 22
howard	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00