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(Requestor's Name)
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2019 DCT 21 PH I2: 37



## **COVER LETTER**

Division of Corp	orations				
VELASQUE SUBJECT:	Z EXPORT LLC				
3016C1.	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	JONATHAN ASERRAF				
		Name of Person			
		Firm/Company			
	7950 NW 53RD STREET,	SUITE 337			
	<del> </del>	Address			
	MIAMI, FLORIDA 33166				
City/State and Zip Code					
JA@OFFIXSOLUTIONS.COM  E-mail address: (to be used for future annual report notification)					
For further information on	ncerning this matter, please ca	·	ation)		
	ncerning this matter, please ca				
JONATHAN ASERRAF		305 799-1576 at () Area Code Daytime \( \)			
Name of	Person	Area Code Daytime	l'elephone Number		
Enclosed is a check for the	-				
\$25.00 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, FI. 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

VELASOUEZ EXPORT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/20/2017 and assigned Florida document number L17000218126 This amendment is submitted to amend the following: 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 "LLC." 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) B. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SALCEDO CAJICA, SERGIO JOSE	7950 NW 53RD STREET	
		SUITE 337	
			Remove
		MIAMI, FLORIDA 33166	☐ Change
MGRM	VELASQUEZ REYES, ALVARO	7950 NW 53RD STREET	
			Add
		SUITE 337	Remove
		MIAMI, FLORIDA 33166	D.Ch.
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The 90th day after the reco	. 2019	·		
The 90th day after the reco		hariant management	t a mambar	

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Filing Fee: \$25.00