orations iling 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.

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

| To:    | Division of Co      | rporations          |                       | a de la composición de la comp | 18       |
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|        | Fax Number          | : (850)617-6383     |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAR      |
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|        | Account Name        | : CORP USA          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\sim$   |
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|        | Phone               | : (305)634-3694     |                       | шs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -        |
|        | Fax Numb <b>e</b> r | : (305)633-9696     |                       | 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Ģ</b> |
|        |                     |                     |                       | 흐금                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ស្ដ      |
| *Enter | the email addres    | s for this business | entity to be used for | r futurë                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01       |
|        |                     |                     | e email address pleas |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUT FLEET LLC

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| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

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**Electronic Filing Menu** 

Corporate Filing Menu

Help

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|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| ARTICL                                                                                                              | ES OF AMENDMENT<br>TO                                                   | 18 NAP                                                                               |
| ARTICLE                                                                                                             | ES OF ORGANIZATION<br>OF                                                | FILED<br>18 MAR -2 AN 10:56<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br>TEORTER |
|                                                                                                                     |                                                                         | FLORIDA                                                                              |
| ( <u>Nume of the Lineties) Like</u><br>(A Flor                                                                      | Hin Company as it now appears on our r<br>is Limited Lizbility Company; |                                                                                      |
| The Articles of Organization for this Limited Liability<br>Florida document number <u>L18000029841</u>              | Company were filed on <u>02/02/2</u>                                    | 018 end assigned                                                                     |
| This amendment is submitted to amend the following:                                                                 |                                                                         |                                                                                      |
| A. If amending name, <u>enter the new name of the li</u>                                                            | mited Kebility company here:                                            |                                                                                      |
| The new nume must be distinguishable and comain the words "L                                                        | immed Liability Company." the designation                               | "LLC" or the abbreviation "L.L.C."                                                   |
| Enter new principal offices address, if applicables                                                                 |                                                                         |                                                                                      |
| (Principal office address MUST BE A STREET ADI                                                                      | <u>(RESS)</u>                                                           |                                                                                      |
| Enter new mailing address, if applicable:                                                                           | · · · · · · · · · · · · · · · · · · ·                                   |                                                                                      |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u>                                                                   |                                                                         |                                                                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad                     | gistered office address on our re<br>Idress here:                       | cords, enter the name of the ne                                                      |
| Name of New Registered Agent:                                                                                       |                                                                         | w-seekst                                                                             |
| New Registered Office Address:                                                                                      | Enser Florida straat                                                    | address                                                                              |
|                                                                                                                     |                                                                         | _, Florida<br>Zip Code                                                               |
| New Recistered Agent's Signature, if changing Registe                                                               | Cig-                                                                    | <i>46 mass</i>                                                                       |

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 603, 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.

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If Changing Registered Agent, Signature of New Registered Agent

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

1

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MGR = Manager AMBR = Authorized Member

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| Title       | Name                                  | Address                    | Type of Action |
|-------------|---------------------------------------|----------------------------|----------------|
| AMBR        | GERMAN SIMCOVICH                      | 1342 DREXEL AVENUE APT 201 | Add            |
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|             | Page 2                                | of 3                       |                |



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | February 28 2018                                             |  |
|-------|--------------------------------------------------------------|--|
|       | the second second                                            |  |
|       | Signature of a member of thorized representative of a member |  |
|       | ALEANDRO MARTIN MENA                                         |  |
|       | Typed or printed name of signor                              |  |

Page 3 of 3

Filing Fee: \$25.00

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