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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	OMS AND FORWARDING LI	LC	
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH CHARLTON		
		Name of Person	
		Firm/Company	
	6303 BLUE LAGOON DR	UVE. SUITE 400	
		Address	
	MIAMI, FLORIDA, 33130		
	filling (Olyandry on the	City/State and Zip Code	
	fillipe@lgoadv.com.br E-mail address: (1)	to be used for future annual report notific	cation)
For further information c	concerning this matter, please ca	·	
Fillipe de Sousa Leite		+55 37 3242-1985 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 tadditional copy is enclosed

MAILING ADDRESS: 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

ML CUSTOMS AND FORWARDING 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 February 14, 2018 and assigned Florida document number 1.18000040916 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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
MGR	Davidson Rodrigues Braz	6303 Blue Lagoon Drive, Suite 400	
		Miami, Florida, 33130	□ Remove
			Change
MBR	Davidson Rodrigues Braz	6303 Blue Lagoon Drive, Suite 400	
``		Miami, Florida, 33130	Remove
			Change
AMBR	Davidson R Braz	6303 Blue Lagoon Drive, Suite 400	□ Add
		Miami, Florida, 33130	9 0
			Change
			Add
			□ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change



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Typed or printed name of signee

Filing Fee: \$25.00