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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

\*\*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 FLP TRIM LLC

Certificate of Status	0
Certified Copy	0
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## COVER LEATER

TO:

TO: Registration S Division of Co			
FLP TRIN	1 LLC		•
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	FEDERICO PEREYRA		
		Name of Person	
	FLP TRIM LLC		
		Firm/Company	
	2859 MIDDLETON CIRC	LE	
		Address	
	KISSIMMEE, FL 34743	<u></u>	
	T PORT (OLON COM	City/State and Zip Code	
	FLPTRIM@AOL.COM  E-mail address: (	to be used for future annual report notifi	cation)
For further information	s concerning this matter, please of	all:	
FEDERICO PEREYR	A	407 369-2582	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLP TRIM LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
be Articles of Organization for this Limited Liabili  lorida document number L18000066302		and assigned
his amendment is submitted to amend the followin	g:	
. If amending name, enter the new name of the	limited liability company here:	
PEREYRA LOGISTICS LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter the namere:	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	7
	, Florida	(4)
•	City	Zip Code

## 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 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>	Name	Address	Type of Action
			□Add
			Remove
	·		Change
			□Add
			Remove
			Change
			□Add
	<del></del>		□Remove
			Change
			Remove
			Change
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			<del></del>		
Effective date, if other if an effective date is listed Note: If the date inserdocument's effective d	ed in this block does	not meet the appu	carole statutory y	(op r more than 90 days af ding requirements, t	tional) ter filing.) Pursuant to 605. his date will not be liste
e record specifies a dele rd is filed.	ayed <b>e</b> ffective date, bu	it not an effective	time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after
Dated 2 - 1					
	E Dr.	arme			
<u> </u>	Signatur	of a higmber or aut	horized representa	tive of a member	
	<del>-</del> -1'-	N ======		ee	

Filing Fee: \$25.00