L18000123913

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		

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S. YOUNG

APR 02 2020

COVER LETTER

Division	of Corporations				
F.I.I SUBJECT:	E EXPORTS LLC				
30 B 3EC1.		Name of Limite	d Liability Company		
The enclosed Arti	cles of Amendment an	d fee(s) are subm	itted for filing.		
Please return all c	orrespondence concern	ing this matter to	the following:		
	Cheyenne i	Moseley			
			Name of Person		
	Legalzoom	.com, Inc.			
	-	<u> </u>	Firm/Company	-	
	101 N Bran	d Blvd 11th Fl			
		.	Address		
	Glendale, (CA 91203			
			City/State and Zip Code		
	gfowler@fo		be used for future annual re	enart natification	
For further inform	ation concerning this r			opore normounts)	
Cheyenne Mosele	ey —		800 773	-0888	
	Name of Person		Area Code	Daytime Telepho	ne Number
Enclosed is a chec	k for the following am	ount:			
□ \$25.00 Filing		ling Fee & ate 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.I.E EXPORTS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 05/17/2018 and assigned
Florida document number L18000123913	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14802 NW 107th Ave., Suite 1
(Principal office address MUST BE A STREET ADDRESS)	Hialcah, Florida 33018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14802 NW 107th Ave., Suite 1
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
registered agent and/or the new registered office address her	<u>e</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 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>	<u>Address</u>	Type of Action
AMBR	CURTIS FOWLER		
		3301 S. Andrews Ave. Unit 5&6 Fort Lauderdale, FL 33316	■ Remove
			Change
AMBR Glennett Fowler	Glennett Fowler		
			□ Remove
		14802 NW 107th Ave., Suite 1 Hialeah, Florida 33018	Change
		-	
		-	Remove
			☐ Change
		_	
			Remove
			Change
		□ Remove	
			Change
			
		 	□ Remove
			Characa

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ਲਗ effect <u>vote:</u> If	e date, if other than the date of filing:
e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated	FEBRUARY 18. 2020.
	Signature of a member or authorized representative of a member
	Glennett Fowler
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00