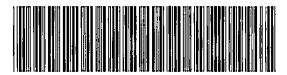


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COVER LETTER

Di' M undi	International Freight Forward	ers, LLC	
UBJECT:	Name of Limi	ited Liability Company	
he enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing	
lease return all corresp	ondence concerning this matter	to the following:	
	Paola M. Salas		
		Name of Person	
	Di'Mundi International Freig	ght Forwarders, LLC	
		Firm/Company	
	10700 CITY CENTER BLV	D - SUITÉ #5331	
		Address	
	PEMBROKE PINES, FL. 3	3025	
	paolasalas111@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Maia D. Aramburo		865 456-3244	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 of Certified Copy (additional copy is enclose

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DI'MUDI INTERNATIONAL FREIGHT FORWARDERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited 1	Chaomity Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000125549</u>	were filed on MAY 18, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		ZO19 AUG SECTALLA
(Mailing address MAY BE A POST OFFICE BOX)		2 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our re	cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	uddress
		_, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	• •	

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
MGR	Maria D. Aramburo	120 William Lane - Oak Ridge, TN 37830 - US	
		1019 Main Street - Stratford, CT	■ Add
		06615 - US 	■ Remove
			☐ Change
AMBR	Paola M. Salas		Add
			□ Remove
			C Change
			Remove
			□ Change
			Remove
			Change
			
			Remove
		 	Change
			□ Add
			Remove
			□ Change

	the following "Title" as follows for MARIA D. ARAMBURO from VP	
to a new "Title" to read as follo	ows: MANAGER - Also a change of address for MARIA D. ARAMBURO	
to read as follows: 120 William	m Lane - Oak Ridge, TN 37830 - Please remove 1019 Main Street -	·
Stratford, Ct 06615		
We are also requesting the fol	llowing "Title" change for PAOLA M. SALAS from President and the new	
"Title" to read as follows: MEN	MBER	
71,12	• • • • • • • • • • • • • • • • • • •	
	-	
ective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Decument	date of filing:	suant to 605,02 not be listed
record specifies a delayed The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on toord is filed.	the earlier
AUGUST 6	. 2019	
4.	A Brinkey T	
	Signature of a member or authorized representative of a member	 _

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

Page 3 of 3

Filing Fee: \$25.00