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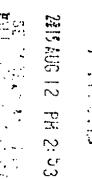
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COVER LETTER

GTO IMPC SUBJECT:	ORT & EXPORT LLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ALEX D. SIRULNIK			
		Name of Person		
	ALEX D. SIRULNIK, P.A.			
	Firm/Company 2199 PONCE DE LEON BOULEVARD, SUITE 301			
	Address CORAL GABLES, FL 33134			
		City/State and Zip Code		
	ADS@SIRULNIKLAW.CO			
	E-mail address: (o be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	ıll:		
ALEX D. SIRULNIK		305 443-7211 at ()		
Name o	f Person	Area Code Daytime	c Telephone Number	
Enclosed is a check for the	ne 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 (additional copy is enclosed)	
31411	ING ANDRESS.	STREET/COURT	ED ANNDUCC.	

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTO	IMPORT	0	じいりへりせょく	~
1	TATIVITIES I	· •	1: X PL 18 1 1 1 1	

(Name of the Limi	<u>ted Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L19000020690	iability Company	were filed on 1/18/2019	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	2199 Ponce de Leon Boul	levard
(Principal office address MUST BE A STREE		Suite 301	
7c.y v _{ff} ree dual con 12002 122vale		Coral Gables, FL 33134	
Enter new mailing address, if applicable:		2199 Ponce de Leon Boul	levard
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 301	w F-2
		Coral Gables, FL 33134	
B. If amending the registered agent and	/or registered o	ffice address on our rec	cords, enter the name of the n
registered agent and/or the new registered of		_	F 70 12 12 12 12 12 12 12 12 12 12 12 12 12
Name of New Registered Agent:	Alex D. Sirulni	ik, P.A.	
New Registered Office Address:	2199 Ponce de	Leon Boulevard, Suite 301	υ
		Enter Florida street a	uldress
	Coral Gables	<u> </u>	_, Florida <u>33134</u>
		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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Martha Maria J. Zachrisson Garcia		Add
			■ Remove
			Change
MGRM	Vanessa Villasmil	2199 Ponce de Leon Boulevard	Add
		Suite 301	Remove
		Coral Gables, FL 33134	Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			☐ Remove
			☐ Change

D. II unitag	ing any other information, enter change(s) here: (Attach additional sheets, if necessary)
 -	
	
·	
Note: If th	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	19.11 7m 2019
_	Signalum of a member or authorized representative of a member
2	Martha Maria J. Zachrisson Garcia
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00