## L19000082586

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## **COVER LETTER**

то:	Registration Se Division of Cor					
424773.0		SIONES Y LOGISTICA MOR	ENO LLC			
20B1	ECT:	Name of Lim	nited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Morella Salazar Dager				
			Name of Person			
Salazar Dager & Associates PA d/b/a Negocios USA, Law Firm						
			Firm/Company			
701 Brickell Ave Suite 850						
			Address			
	Miami FL 33131					
City/State and Zip Code						
		lbuscemi@negociocconusa.	.com			
		E-mail address: (	to be used for future annual report notifi	ication)		
For fur	ther information co	oncerning this matter, please ca	all:			
Morel	la Salazar Dager		305 9019745 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
<b>□</b> \$2	5.00 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)		

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**

CLINVERSIONES Y LOGISTICA MORENO LLC

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 03/25/ Florida document number 119000082586	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
EXPORTS TRUCK DIESEL LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	÷
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	2 1
Enter new mailing address, if applicable:	프 골 ♡
(Mailing address MAY BE A POST OFFICE BOX)	G. 6:
	D4
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	reet address
	<b>-</b>
City	Florida Zip Code

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	e date of filing: ast be specific and ca slock does not mee	mnot be prior to et the applica	o date of filing or ble statutory fili	more than 90 day	(optional) s after filing.) Purs s, this date will r	uans to 605.020 tot be listed a
e record specifies a delaye The 90th day after the re	ed effective dat cord is filed.	te, but not	an effective	time, at 12:	01 a.m. on ti	he earlier d
Dated April 30	<del></del>	2019	<u>- :</u>			
	Mater.	ine (	MaPary	o S		

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Filing Fee: \$25.00