19000136250

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SECRETARY OF STATE TALLANDS STATE

Y SULKER OCT 29 2019

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	S Freight Named Lim	Brokerage Lo	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Jose.	Muchaeho	
	JR 61	lobal Finance L	-LC_
	1314 E Las	Olas Blud, Suite	172_
	Fort Laude jr Finance	city/State and Zip Code ial investments at the be used for future annual report notification.	9 Smail. com
For further information ec	oncerning this matter, please ca	all:	
Jose Mi	ehocho	at (954) 529 - 9	3694
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

(A Florida Limited Li	nability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L19000136250</u> .	were filed on $05/21/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 172 Fort Lauderdale, FC 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Svite 172 Fort Lauderdale, FC 33301
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: Jose New Registered Office Address: 1314	Muchacho E Las Olas Plud Scutte 72 Enter Florida street address
Fort (auderdale Florida 33301 City Florida 33301

New Registered Agent's Signature, it 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 Begistered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Address <u>Title</u> **Name** AMBR JR 6/06/1 Finance CCC 2900 NE 7th Avenue 10 Add Miam; F633137 _ Change Jose R Muchacho 1314 E Las Olas Blud BAdd Sv:te 172 __ Remove Fort Lauderdale, FC 3330 10 Change ____ Add □ Remove □ Change _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ___ Change

f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
effec	tive date, if other than the date of filing:(optional) Tective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	<u> </u>
	1 Mary
	Signature of American representative of a member Sose R Muchaelia Typed or printed name of signee
	Dose K Muchaelia

Page 3 of 3

Filing Fee: \$25.00