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(Requestor's Name)	
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(Document Number)	—
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	KPORT LOGISTIC, LLC		
SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GERARDO ANDRADE O	SORIO	
		Name of Person	
		Firm/Company	
	16113 SW 43 RD		
		Address	
	MIAMI, FL 33185		
	gerardosorio68@icloud.con	City/State and Zip Code 1 to be used for future annual report not	ilication)
For further information	concerning this matter, please co		
Gerardo Osorio		786 7310006	
Name	of Person	at () Area Code Daytin	ne 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 & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: . Registration Se Division of Co The Centre of	ection orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

IDEAL EXPORT LOGISTIC, LLC

(A Florida Limite	ed Liability Company)	THE PARTY OF THE P
The Articles of Organization for this Limited Liability Compa: Florida document number L20000052406	ny were filed on FLORIDA	A and a signed
This amendment is submitted to amend the following:		***
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability 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:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	tor to the second secon
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	Harry
u= =q	Сііу	. Florida 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 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>	Name	<u>Address</u>	Type of Action
MGR	COLMENARES LOPEZ, VICTOR	16113 SW 43RD, MIAMI FL 33185	□Add
			■Remove
		□Change	
			□Remove
			□ Change
_			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ ☐ Change
			□ Add
			□Remove
			☐ Change
		□Add	
			□Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's record.	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605,0207 icable statutory filing requirements, this date will not be listed as s.
he record specifies a delayed effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
Dated	 ·
The state of a member or and	horized representative of a member

Typed or printed name of signee