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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: S.LLANIO BUSINESS SERVICES INC Account Name

Account Number : I20200000011 : (239)542-9104 Phone

Fax Number : (239)540-1760

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EFB EXPORT TRANSPORT SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S. Llanio Business Service Inc

EFB EXPORT TRANSPORT SER					
(Name of the Limi	ted Liability Compa (A Florida Limited)	my as it now appears on our record Tability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited L	iability Company	were filed on 06/11/2020	an	d assign	ed
Florida document number L20000161574	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation	on "L.L.C	."
Enter new principal offices address, if applic	able:	3919 SW 15TH AVE			 .
(Principal office address MUST BE A STREI		CAPE CORAL FL 33914			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				_
B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our records, enter	the name of th	e new 2022	egister
Name of New Registered Agent:	BARAHONA,	CORINA	; *	SEP	
New Registered Office Address:	3919 SW 15TH		<u>.</u>	23 	<u> </u>
	CAPE CORAL	Enter Florida street addre	lorida 33914	PH 12	(,
New Registered Agent's Signature, if changing		City		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 (gent, 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>	Address	Type of Action
MGR	BARAHONA, FILANDER A, JR	1031 CAPE CORAL PKWY EAST SUITE 202	□Add
		CAPE CORAL, FL 33904	≣Remove
			Change
MGR	BARAHONA, CORINA	3919 SW 15TH AVE	□Add
		CAPE CORAL, FL 33914	□Remove
		🖺 Change	
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			[] Change
			□Add
			!IRemove
			Change
			DAdd
			□Remove
			CiChange

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<u> </u>	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inse	ob/18/2022 (optional) and, 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)(a) red in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
If the record specifies a de record is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
08/18 Dated	2022
(and Blue
	Signature of a member or authorized epresentative of a member

Filing Fee: \$25.00

Typed or printed name of signee