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2021 SEP -7 PM 3: 02

SECRETARY OF STATE
TALL AND SEE STATE

COVER LETTER

70: Registration Section

Division of C	orporations		
	ATIONAL EXPORT WHOLES	ALE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
rease retain an corres	pendence echeering and maker	to the following.	
	ANDRES CERRUTTI		
		Name of Person	
	INTERNATIONAL EXPO	ORT WHOLESALE LLC	202 EE
		Firm/Company	T IS T
	8552 NW 66 STREET		7021 SEP -7 SERVICETAN
		Address	CHECKED
	MIAMI, FL 33166		PM 3: 02 OF STATE SSEE, FI
	····	City/State and Zip Code	17E
	andrescerrutti@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	
ANDRES CERRUTT	Ī	561 788-1608	
Nam	e of Person		e Telephone Number
Enclosed is a check for	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Seconds Division of Coron The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL EXPORT WHOL:ESALE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L20000381626	were filed on DECEMBER (07, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
INTERNATIONAL EXPORT FREIGHT SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8552 NW 66 STREET	20
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166	21 SE 51
		ANIAS III
Enter new mailing address, if applicable:		SSE PH S
Mailing address MAY BE A POST OFFICE BOX)		FAR 02
	4	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	dress
	Direct a for some diff CCs diden	**
	City	Florida Zip Code
	City	ray Cour

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>	<u>Name</u>	Address	Type of Action
 		<u></u>	□Add
		 	Remove
			Change
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Affective date, if other than the o	late of filing: AUGUST 30, 2021 (options be specific and cannot be prior to date of filing or more than 90 days after file	al)
fan effective date is listed, the date must	be specific and cannot be prior to date of filing or more than 90 days after fit ck does not meet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.02 ate will not be listed
locument's effective date on the De		are will have be haved
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after t
Dated	, 2021	
	signature of a member or authorized representative of a member	

Filing Fee: \$25.00