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(Re	equestor's Name)	
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	□ JA/A/∓	Пил
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Cor	porations	1 <sup>1</sup>	<b>1</b>
SUBJECT: F1 A	DVANCED Name of Limit	LOGISTICS L	LC"
	Amendment and fec(s) are subt		
Please return all correspo	ondence concerning this matter t	o the following:	
	<u>Sebastian</u>	Pedraza More	200
	F1 Advanc	ed Logistics Finn/Company	112_
	6650 West	Sample rd Address	
		FL 33067 City/State and Zip Code	
	JUSE Perso 790 E-mail address: (t	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	dl:	
Sebastian Name o	Pedraza Moren	at ( <u>+54</u> ) <u>242 4</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Address: Registration Section

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF COMPONENTS SO

F1 Advanced Logistics LLZ
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $319304$ and assigned Florida document number $421000123493$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida

New Registered Agent's Signature, if changing Registered Agent:

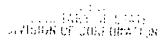
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

Cire

Zip Code

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



21 APR 12 AM 11:50

[]Change

<u>Title</u>	<u>Name</u>	Address	Type of Action
Hemser	Sebastian Pedraza Moveno	6650 West Sample /d, 33067, Cora	SPires XXdd
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			Change
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8 (Section 1988)
i <b>onal)</b> r filing.) Pursuant to 605.02 is date will not be listed
<ul> <li>The 90th day after the</li> </ul>
1

Filing Fee: \$25.00