

11/1/2018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000316022 3)))



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Fax Number : (850)617-6383

From: Account Name : LDLA HOLDINGS CORPORATION
Account Number : I20090000034
Phone : (954)782-3610
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONTIMAXI LOGISTICS N.A., LLC**

| | |
|-----------------------|---------|
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October 31, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONTIMAXI LOGISTICS N.A., LLC
1600 SOUTH FEDERAL HIGHWAY, STE 570
POMPANO BEACH, FL 33062

SUBJECT: CONTIMAXI LOGISTICS N.A., LLC
REF: M16000002330

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is for a Florida LLC, this company is a Foreign LLC. Please resubmit on a Foreign LLC amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000313734
Letter Number: 718A00022443

P.O BOX 6327 - Tallahassee, Florida 32314

((H18000316022 3))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: CONTIMAXI LOGISTICS N.A., LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000002330

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/18/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: WASHINGTON LUIZ CASTRO JUNIOR

New Registered Office Address: 10549 BOCA ENTRADA BLVD

Enter Florida Street Address

BOCA RATON

Florida

33428

City

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 Changing Registered Agent, Signature of New Registered Agent

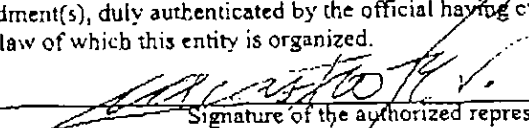
((141011201602# 3))

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------------------------|-------------------------------------|--|
| MGR | WASHINGTON LUIZ CASTRO JUNIOR | 10549 BOCA ENTRADA BLVD | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33428 | <input type="checkbox"/> Remove |
| MGR | OLIVEIRA, KARLA | 1600 SOUTH FEDERAL HWY STE 570 | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Remove |
| MGR | CASTRO, WASHINGTON LUI, JR. | 1600 SOUTH FEDERAL HIGHWAY, STE 570 | <input type="checkbox"/> Add |
| | | POMPANO BEACH, FL 33062 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

WASHINGTON LUIZ DE CASTRO JUNIOR

Typed or printed name of signee

Filing Fee: \$25.00