

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CALOP FREIGHT SERVICES LLC**

Certificate of Status	0
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T. LEMIEUX

AUG - 6 2024

# 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: CALOP FREIGHT SERVICES LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

1221 BRICKELL AVE, STE 900 MIAMI, FL 33131

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

P.O. BOX 310293 MIAMI, FL 33131

2. The Florida document number of this limited liability company is: M19000001951

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/21/2019

## 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: Maria Ramirez

New Registered Office Address: 1221 BRICKELL AVE, STE 900

*Enter Florida Street Address*

Miami, Florida 33131  
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

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

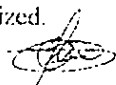
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Sergio Lopez</u>	<u>1221 BRICKELL AVE, STE 900 MIAMI FL 33131</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Maria Ramirez</u>	<u>1221 BRICKELL AVE, STE 900 MIAMI, FL 33131</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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

Sergio Lopez

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00