

L090000 54228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

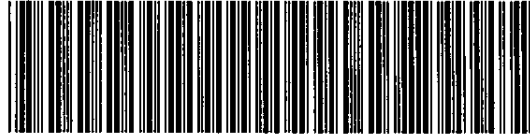
(Business Entity Name)

(Document Number)

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FILED
15 MAY 15 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH CARGO, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA GUERRERO

Name of Person

SOUTH CARGO, LLC.

Firm/Company

6708 N.W. 82 AVENUE

Address

MIAMI, FL 33178

City/State and Zip Code

aguerrero@southcargollc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA GUERRERO

305
at ()

597-8730

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOUTH CARGO, LLC.

(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 JUNE 4, 2009 and assigned Florida document number L09000054228.

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 "L.L.C."

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AZNAR, JESUS	6708 N.W. 82 AVENUE	<input type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MONTIEL, HELY S.	6708 N.W. 82 AVENUE	<input type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SC CARGO C.A.	CALLE DE SERVICIO S/N II	<input type="checkbox"/> Add
		PORTICO NAGUANAGUA	<input checked="" type="checkbox"/> Remove
		VALENCIA VENEZUELA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 MAY 15 AM 9:55
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION
Pursuant to 605.0207

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 13, 2015

Signature of a member or authorized representative of a member

JESUS AZNAR

Typed or printed name of signee