

# L13000018388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

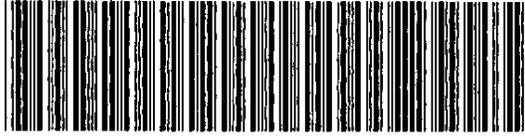
(Business Entity Name)

(Document Number)

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13 FEB 22 PM 3:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 25 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EDUIOS SEBURO, 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:

KEYNEL S. RIERA  
Name of Person

CARGO EXPRESS ENTERPRISES, LLC  
Firm/Company

P.O. BOX 691831  
Address

ORLANDO, FL 32869  
City/State and Zip Code

~~TUCARGOEXPRESS@GMAIL.COM~~  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: TUCARGOEXPRESS@gmail.com

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

FILED  
13 FEB 22 PM 3:39  
STATE  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

ENVIOS SEGURO, 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 02/05/2013 and assigned Florida document number L13000018388.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CARGO EXPRESS ENTERPRISES, LLC

The new name must be distinguishable and end with 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)

3091 YELLOW LAUREL LANE  
KISSIMMEE, FL 34747

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 691831  
ORLANDO, FL 32869

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FERNANDO TORRES	3091 YELLOW LAKE LAKE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated FEBRUARY 21, 2013



Signature of a member or authorized representative of a member

KEYVEL S. RIERA

Typed or printed name of signee

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Filing Fee: \$25.00