## 118000016500

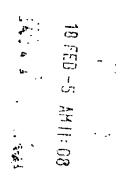
(Requestor's Name)				
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## **COVER LETTER**

	gistration So ision of Co					
SUBJECT:		RGO LOGISTICS, LLC				
Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	ı all correspo	ondence concerning this matter	to the following:			
		DIEGO SAMPAIO				
			Name of Person			
		COMPANY COMBO, LL	С			
		****	Firm/Company			
8600 COMMODITY CIR STE 121						
			Address			
		ORLANDO, FL 32819				
City/State and Zip Code INFO@COMPANYCOMBO.COM						
		E-mail address: (	to be used for future annual report notiti	ication)		
For further it	nformation c	oncerning this matter, please ea	all:			
DIEGO SAN	MPAIO		866 428-2030			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	iling 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

**BR-X CARGO LOGISTICS, 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  $\frac{01/18/2018}{2}$ \_\_\_\_ and assigned Florida document number L18000016500 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, 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

## 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>	Address	Type of Action
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ective date, if other than the da	te of filing:	(optional)
effective date is listed, the date must be	specific and cannot be prior to date of filing or r	more than 90 days after filing.) Pursuant to 605,020 ng requirements, this date will not be listed a
nument's effective date on the Depa		ng requirements, and date with not be listed a
record specifies a delayed e he 90th day after the record		time, at 12:01 a.m. on the earlier of
ed	2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00