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յու ^{22 2015} J. HARRIS

COVER LETTER:

TO: Registration Se Division of Cor			
SUBJECT:	NATIONWIDE CAR	RGO SYSTEMS, LLC.	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	N	MAURO SCATTOLINI	
		Name of Person	
		Firm/Company	
	1	75 SW 7TH ST #2020	
	·	Address	
	N.A.	IAMI ELODIDA 22420	
	IVI	IAMI, FLORIDA, 33130 City/State and Zip Code	
	MAURO@CA	NDMCONSULTINGGROU	P.COM
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
MAURO SCAT	TOLINI	at (786) 399 - 697	'n
	of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
XI \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

	TONWIDE CARGO SYSTEMS,		
(Name of the L	imited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limite	• •	07/01/2015	and assigned
Florida document numberL15000114	1008		
This amendment is submitted to amend the	following:		
A. If amending name, <u>enter the new nam</u>	ne of the limited liability company he	ere:	
The new name must be distinguishable and contain t	he words "Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if ap	plicable:		
(Principal office address MUST BE A STE	REET ADDRESS)		ं ज
		· ·	20
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFI			
Maning diameter Maning diameter 1	02.00		52"
		<u>; </u>	
3. If amending the registered agent a registered agent and/or the new registered	2,	our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida 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

Title	<u>Name</u>	Address	Type of Action
MGR	CONSTANZA, PROFETA	175 SW 7TH ST #2020	
		MIAMI, FL 33130.	⊠ Remove
			🗀 Change
MGR	VALERIO, NUVIA	175 SW 7TH ST #2020	⊠ Add
		MIAMI, FL 33130.	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			25 AM
		residence with the self-region of the special particles and the sp	200 PH
			Add
			☐ Remove
			☐ Change
			□ Add
		a-10-20-1-17-20-2	□ Remove
			☐ Change

Signature of a member or authorized representative of a member				
E. Effective date, if other than the date of filing:				
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