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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2015 JUL 29 P 1: 33

FILED



COVER LETTER

TO:	Registration Sect Division of Corpo					
eun u		DE CARGO STSTEMS, LLO	2.			
SUBJI	.C1:	Name of Limi	ited Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
		MAURO SCATTOLINI				
			Name of Person			
			Firm/Company			
		175 SW 7TH ST #2020				
			Address			
		MIAMI, FLORIDA, 33130	0			
			City/State and Zip Code			
		MAURO@CANDMCONS	ULTINGGROUP.COM to be used for future annual report notifica	A SEC	2015	
For fu	rther information co	ncerning this matter, please ca	·	AHASS	2015 JUL 29	
MAU	RO SCATTOLINI		786 399 - 6970 at ()	E C	م [F
	Name of		Area Code Daytime To	elephone Numbers	- 33	D
	sed is a check for the 5.00 Filing Fee	following amount: ☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing	o Fee	
دل ا⊏ت	Sive timing tee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Co	of Status opy	

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

NATIONWIDE CARGO SYSTEMS, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000114008</u> .	were filed on 07/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2038 NW 23RD AVE #B	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33142	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		SECRETARY OF STATE LORIDA enter the name of the name o
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		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 = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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ective date, if other than the neffective date is listed, the date must be: If the date inserted in this blocument's effective date on the December 2.	ock does not meet the ap	plicable statutor	g or more than 9 y filing require	(Optiona 0 days after filin ments, this da	ng.) Pursi te will n	uant to 605.02 oot be listed a
record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effect	tive time, at	12:01 a.m	n. on tl	he earlier
JULY, 27TH	2015					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00