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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE AND A WHASSEE, FLORIDA

OUT 26 MIS

COVER LETTER

Division of Co		٠.		
SUBJECT: NATION	WIDE CARGO SYSTEMS, LLC	С.		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	MAURO SCATTOLINI			
		Name of Person		
	Nationwide Co	Systems, LLC Firm/Company		
	175 SW 7TH ST #2011			
		Address		
	MIAMI, FLORIDA, 33130	0		
		City/State and Zip Code		
	MAURO@CANDMCONS	ULTINGGROUP.COM to be used for future annual report notifica	tion	
For further information	concerning this matter, please c	·	,	
MAURO SCATTOLIN	11	786 366-6970	2015 DC SECRE	. .
	of Person		elephone Number SSR 23 P	7
Enclosed is a check for	_			ļ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou	r records.)
(A riolida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>07/01/15</u>	and assigned
Florida document number L15000114008		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2015 SEC
		5 00 1
		SSS 2
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		-11 ⁻⁷ 1 U
		<u> </u>
		DA 00
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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>	Type of Action
MGR	VALERIO, NUVIA	175 SW 7TH ST #2020	Add
		MIAMI, FL 33130	Remove
		100-07	Change
MGR	VALERIO, NUBIA	175 SW 7TH ST #2011	⊒ Add
		MIAMI, FL 33130	□ Remove
			☐ Change
MGR	SCATTOLINI, RICARDO	175 SW 7TH ST #2011	
		MIAMI, FL 33130	Remove
			■ Change
MGR	NOEL, FLORES	175 SW 7TH ST #2011	□ Add
		MIAMI, FL 33130	IA CORRESPONDENCE
			OCT REPORT OF THE PARTY OF THE
			Remove
		the state of the s	☐ Change
			Add
			□ Remove
			□ Change

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Note: 1	e date, if other than the date of tive date is listed, the date must be specif the date inserted in this block does it's effective date on the Departmen	not meet the applical	o date of filing or more ble statutory filing re	than 90 days after fili	ng-) Pursuant-t	ρ 605.0207
	rd specifies a delayed effect Oth day after the record is f		an effective tim	e, at 12:01 a.n	n. on the e	arlier of
Dated _	CTOBER, 19TH	2015	_/			
	92		_			
			~			
	Signature	e of a member of author	ized representative of	a member		_

Page 3 of 3

Filing Fee: \$25.00