## 10800057013

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



800257771138

03/17/14--01037--024 \*\*25.00

2014 NAR 17 PH 3: 59

Office Use Only

## Gonzalo Perez, Jr., P.A.

ATTORNEYS AT LAW

GONZALO PEREZ, JR., ESQ.

7915 CORAL WAY MIAMI, FLORIDA 33155

TELEPHONE (305) 265-8228 FACSIMILE (305) 265-8229

March 11, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: PAYCARGO HOLDING, LLC

Dear Clerk:

Enclosed please find check # 10870 in the amount of \$25.00 and the following documents:

- 1. Cover Letter
- 2. And Articles of Amendment to Articles of Organization of PAYCARGO LLC

Kindly file the above mentioned document to amend the Articles of Organization of the above referenced LLC.

If you have any questions, please do not hesitate to contact the undersigned.

Wery truly yours,

GONZALO PEREZ, JR. P.A.

By: Lope Sp. P. Elsa Lopez, Legal Assistant

Encls.

## **COVER LETTER**

TO: Registration Section
Division of Corporations

PAYCARGO HOLDING, 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:

Gonzalo Perez Jr., Esq.

Name of Person

Gonzalo Perez Jr., P.A.

Firm/Company

7915 Coral Way

Address

Miami, FL 33155

City/State and Zip Code

GP@gperezlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gonzalo Perez Jr., Esq.

...305, 265-8228

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) Sectificate of Status & Certified Copy
(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

PΔ	VC	ΔR	GO	ш	I C

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited I	Liability Company were filed on 06/10/2008	and assigned
Florida document number L08000057013	······································	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
PayCargo Holding LLC		·
The new name must be distinguishable and end with the	e words "Limited Liability Company," the designation "LLC" or ti	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
· ·	•	•
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	BOX)	
	· .	
B. If amending the registered agent and	l/or registered office address on our records, ent	ar the name of the Chau seem
registered agent and/or the new registered		Control mande on the litera
		E TO TO
Name of New Registered Agent:	Gonzalo Perez, Jr., Esq.	THE PERSON NAMED IN COLUMN 1
New Registered Office Address:	Gonzalo Perez Jr., P.A. 7915 Coral Way	の の の の の の の の の の の の の の
	Enter Florida street address	7 C
	Miami , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing	<u> </u>	
provisions of all statutes relative to the pro- accept the obligations of my position as reg	ted agent and agree to act in this capacity. I further a per and complete performance of my duties, and I an elistered agent as provided for in Chapter 605, F.S. Coregistered office address, I hereby confirm that the schange.  If Changing Registered Agent, Signature of New	n familiar with and Or, if this document is limited liability
	Page 1 of 3	1

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action □ Add ☐ Remove □ Add □ Remove □ Add □ Remove □ Remove 2014 MAR 17 PH SIATE TAKE \_□ Add □ Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	,
*	· · · · · · · · · · · · · · · · · · ·
(The effective	date, if other than the date of filing:
Dated	March 11, 2014
	- Elizabel whe
	Signature of a member or authorized representative of a member
	Typed or printed perte of slones

Page 3 of 3

Filing Fee: \$25.00

ZOW MAR 17 PH 3: 59