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(Ad	ldress)				
(City/State/Zip/Phone #)					
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Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE
LORIDA

T. CLINE
MAR 2 4 2009
EXAMINER

COVER LETTER

ŢO:	Registration S Division of Co				Y	
SUBJE	ECT: VS	'A CARGO	LOGISTI	ted Liability Company)		
501501	1		(Name of Limit	ted Liability Company)		
The en	closed Articles o	of Amendment a	nd fee(s) are subn	nitted for filing.		
Please	return all corresp	pondence concer	ning this matter t	o the following:		
			ENRIQUE	(Name of Person)		
(Firm/Comp			290 logistic LLC (Firm/Company)			
6923 NW 82ND AVE						
			Miami,	(Address) FL 33166 (City/State and Zip Code)		
For fur	ther information		matter, please ca			بركون
	Julio e	. CRISAN	70	at (954) 579 - 73 (Area Code & Daytime T	10 SECRETIAR 23 [elephone Number] SSS	CML #712
	(Name	e of Person)		(Area Code & Daytime T	SECRE TARY OF STATE STATE STATE STATE SECRE THAN 23 AH II: 06	2000.1877.1 2000.1877.28
Enclos	ed is a check for	the following ar	nount:		AH II: O	Mark Control
\$25	.00 Filing Fee	□\$30.00 Fi Certific	ling Fee & cate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclo	
	MAI	LING ADDRES	SS:	STREET/COURIER	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA CARGO LOGI	istic, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LOROO /05596</u> .	y were filed on	2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	6923 NW 82N	10 ANKIN D	
(Principal office address MUST BE A STREET ADDRESS)	6923 NW 82N WIAMI, FC 33	166 LCC 35	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AR 23 ANIII: 06	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florid	la street address)	
		Florida	
	(City)	(Zip Code)	

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 608, 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.

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Address Title** <u>Name</u> PRESIDENT ENRIQUE A CASTIllo 6923 NW 82 NO AVE HIAMI, FL 331 GLB Remove VICE PRESIDENT JULIO C. CRISANTO 🗂 Add Remove-Add Remove Ąġą D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH Dated Signature of a member or authorized representative of a member VULIO C. CRISANTO

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00