Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000281436 3)))



H190002814363ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5750 Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: <u>Treverman at Therel Baieden. com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE CARGO GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

T GLASS

SEP 2 0 2019

<!->

From: 3053713178

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE CARGO GROUP, LLC				
(Nama of the Limited (λ	Ciability Compat Florida Limited L	ry as if now appears of lability Company)	n our records.	
The Articles of Organization for this Limited Liab	ility Company	were filed on 12/04	/2008	and assigned
Florida document number L08000111239	·			
This amendment is submitted to amend the follows	ing:			
A. If amending name, enter the new name of th	e limited liabi	lity company here:	;	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the design	nation "LLC" or the abb	revision "L.L.C."
Eater new principal offices address, if applicab	le:			2
(Principal office address MUST BE A STREET				19
				. 19
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of e address here	fice address on o	ur records, <u>enter (</u>	he name of the new
Name of New Registered Agent:		~		
New Registered Office Address:				
		Enter Florida	street oddress	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Res				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this change in the change in th	and complete red agent as p sistered office	performance of my provided for in Cha	y duties, and I am jo apter 605, F.S. Or,	mutar with and f this document is
	18 Ch	aing Pagistavad Agen	t Signature of New Roo	Intered Aven4

Page 1 of 3

From: 3053713178

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	Name	<u>Address</u>	Type of Action
CEO	Paul Conolly	10301 NW 108 Ave, Ste 6	Add
		Mismi, FL 33178	CI Remove
			□ Change
			DóA □
			□ Remove
			Charige
		<u> </u>	Charge
			☐ Remove
			□ Change
			D Add
			C Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			_□ Change

		
	· · · · · · · · · · · · · · · · · · ·	
_		
_		
_		
		
_		<u> </u>
_		
	·	2019 SEP
		- م. م.
		19
		(optional)
. Effective	e date, if other than the date of filing: live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da	(optional)
Note: If	the date inserted in this block does not meet the applicable statutory filling requirements of state the date on the Department of State's records.	nts, this date will not be listed as t
bocumen	R B effective date on the population of state 3 records.	
	rd specifies a delayed effective date, but not an effective time, at 12 Oth day after the record is filed.	2:01 a.m. on the earlier of:
54	na/10/1a	
Dated _		
	Signaturated a member of authorized representative of a member	
	STEVEN PERLMAN	

Page 3 of 3

Filing Fee: \$25.00