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J. BRYAN

MAY 24 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		· ·
SUBJE	CT:	No C	Cargos LLC
SODE			ited Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please	return all corresp	ondence concerning this matter	to the following:
			Hunter Habib
			Name of Person
			No Cargos LLC
			Firm/Company
		8	8408 Pittsburgh Blvd
-			Address
		F	Hunter Habib Name of Person No Cargos LLC Firm/Company 8408 Pittsburgh Blvd Address Fort Myers, FL 33967
			City/State and Zip Code
			habib1865@gmail.com
For fur	ther information	E-mail address: () concerning this matter, please o	to be used for future annual report notification)
	5.		000 0000
		er Cuderman	at (239) 223-8839 Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
₽\$ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			(ease sopy to success,
	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

	No Cargos LLC			
(Name of the Limite	d Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
· ·	γ			
The Articles of Organization for this Limited	Liability Company were filed on	03/03/09	and assigned	
Florida document numberL0900002	20980			
			-2	
This amendment is submitted to amend the fo	llowing:	· 🙀	4. 量力	
	_	Ę.	夏芝 一	
A. If amending name, enter the new name	of the limited liability company he	re:	LOS Control of the abbreviation	
The new name must be distinguishable and end w "L.L.C."	with the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
E.E.O.			第三	
Enter new principal offices address, if appli	icable:		<u></u>	
(Principal office address MUST BE A STRE	(ET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
				
B. If amending the registered agent and		our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered	office address here:			
Name of New Registered Agent:			,	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and complete performance gistered agent as provided for in C e registered office address, I hereb	of my duties, and I a hapter 608, F.S. Or,	m familiar with and if this document is	
company has been notified in writing of this	s change.			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

Title ' Name Address **Type of Action** MGRM Taylor Fleckinger 4900 Hidden Pine Place ✓ Add Cocoa, FL 32926 Remove ☐ Add Remove Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 17th 2012 Dated _____ Signature of a member or authorized representative of a member Hunter Habib Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00