

L10000007756 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

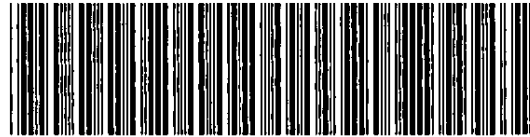
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 5 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AT CARGO EXPRESS 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:

THAMIR LOZADA

Name of Person

AT CARGO EXPRESS LLC

Firm/Company

6608 NW 82 AVE.

Address

MIAMI FL 33166

City/State and Zip Code

thamirlozada@hotmail.com

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

For further information concerning this matter, please call:

Rodolfo Perez

Name of Person

at ( 305 )

7907914

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)

☒ \$60.00 Filing Fee,  
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

FILED  
12 JUL -2 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**AT CARGO EXPRESS LLC**

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

The Articles of Organization for this Limited Liability Company were filed on January 21, 2010 and assigned Florida document number L10000007756.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6608 NW 82 AVE.

MIAMI, FL

33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6608 NW 82 AVE.

MIAMI, FL

33166

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

THAMIR LOZADA

New Registered Office Address:

6608 NW 82 AVE.

*Enter Florida street address*

MIAMI

, Florida

33166

*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 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.*

*(Signature)*  
If Changing Registered Agent, Signature of New 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

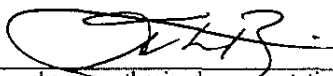
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIANID RODRIGUEZ	116 NW 9TH TERRACE BDLG 4 APT 403 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	THAMIR LOZADA	10015 NW 46 ST APT 206 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ALDRIN RODRIGUEZ	10015 NW 46 ST APT 206 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 26, 2012



Signature of a member or authorized representative of a member

THAMIR LOZADA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

STATE OF FLORIDA  
TALLAHASSEE

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