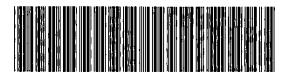
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## **COVER LETTER**

TO:

Registration Section

Division	of Corporations				
SUBJECT:	NET	CARGO LLC.			
50B6ECT		nited Liability Company	<del></del>		
The enclosed Artic	cles of Amendment and fee(s) are s	ubmitted for filing.			
Please return all co	orrespondence concerning this matt	er to the following:			
		VICTOR E. SEGURA			
		Name of Person	e was		
		NET CARGO LLC.	2010 JUN 14		
		Firm/Company		Ĩ	
	ç	9619 NW 33rd STREET			
	- 1 . W-11 . W = 1 . W.	Address	JUN 14 PH 2	7	
		DORAL, FL 33178		A-1-4	
		City/State and Zip Code			
~	vse	gura.netcargo@gmail.com : (to be used for future annual report notification			
	E-mail address:	: (to be used for future annual report notification	1)		
For further inform	ation concerning this matter, please	e call:			
<b>\</b>	ICTOR E. SEGURA	at ( 786 ) 210	-1468		
	Name of Person	Area Code & Daytime Tele	phone Number		
Enclosed is a chec	k for the following amount:				
<b>▼</b> \$25.00 Filing F	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 A Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NET CAR					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.	)		
The Articles of Organization for this Limited Liability Company	were filed on	01/25/2010		and assi	gned
Florida document numberL1000008911					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Comp	any," the designation	on "LLC"	or the a	bbreviatio
			Marie Care	2810	
Enter new principal offices address, if applicable:	9619 NW 33		Traffer Traffer		tradition .
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FLO	DRIDA 33178	7	M	1 1
	<del></del>			=	
			The s	PH	
Enter new mailing address, if applicable:	9619 NW 33	rd STREET		ñ	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FLO	ORIDA 33178	Eller France	ទ	
		<u> </u>			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, ent	er the r	iame of	f the ne
registered agent and/or the new registered office address ner	<u>v</u> .				
Name of New Registered Agent:					
New Registered Office Address:	Fi	nter Florida street	address		
	Li	, Florida			
<del></del>	City	, PIOTIUS		ip 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.

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>	Address	Type of Action
<u></u>			D D amayıa
<del></del>			□ D
<del></del>			Remove
	<u> </u>		6910 6910 Fried Hedd Memove States No.
			☐Add ☐Remove
<u></u>			Add Remove
D. If amer	ding any other inform	nation, enter change(s) here: (Attach additional sheets,	if necessary.)
_ _			
		· ·	
Dated	JUNE 8	<u>2010</u>	
	5	ignature of a member or authorized representative of a member	er
		VICTOR E. SEGURA Typed or printed name of signee	
		1) ped of printed flame of signee	

Page 2 of 2

Filing Fee: \$25.00