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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
Division of Corporations  SUBJECT:   OLCARGO LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Juan M Garavito  Name of Person				
COLCAR60 LLC Firm/Company				
16/12 OPAL CREEK DR. Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Juan M Garaulo at (786) 319 77 41  Name of Person at (786) 319 77 41  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  Certificate of Status  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on ed da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 110000 2319 5</u>		uar 23,7011 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida street address
		, Florida
	Citv	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.

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> **Type of Action** Address Name Stella Sosa MERM Add Remove Juan M Garavilo MGRM \_ Add Remove ☐ Add Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Juan M Garain to
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00