L11000030422

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600248591616

PIR JUN TO PH 2: 52
SECRETARY OF STALORATA
ALLBAHASSEE: FLORATA

JUN 11 2013 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brito Cargo Express

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:

	Jose Brito	
	Name of Person	
	Firm/Company	
	724 Hibiscus dr	
	Address	
	Royal Palm Beach, FL 33411	2819 JUN 10 Secretar Pallahass
	City/State and Zip Code	
	jmbrito60@yahoo.com	
	E-mail address: (to be used for future annual report notification)	ASS ASS OI
For further information co	oncerning this matter, please call:	PH 2
Jose Brito	_{at} 561 503-5730	2: 52 STATE LORIDA
Name of	Person 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brito Cargo Express	G *	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number L11000030422	ompany were filed on <u>03/09/2011</u>	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	200 PACING
		7
Enter new mailing address, if applicable:		X2. 0
(Mailing address MAY BE A POST OFFICE BOX)		
		ORA ?
		52 0 _A
B. If amending the registered agent and/or registered agent and/or the new registered office address.		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
<u> </u>		Florida
	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.

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
MGRM	Juan A Cedeno	724 Hibiscus dr	Add
		Royal Palm Beach	Remove
		FI 33411	
			Add
			Remove
			Add
			Remove
			ZI BAN T
			Remove SSEE FLORIDA
			Add
			Remove
			Remove

•	ation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
luno 4	2012
_{ted} June 4	
Mai	
S	ignature of a member or authorized representative of a member
Jose R.Brito	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

