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(C	<i>-</i> Ιτ)	//State/Zip/Phon	e #)
PICK-UP		☐ WAIT	MAIL.
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Certified Copies		Certificate	s of Status
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Special Instructions to	o F	Filing Officer:	

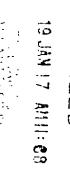
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COVER LETTER

то:	Registration Se Division of Cor			
erm u		RCARGO LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspo	ndence concerning this matter	to the following:	
		LEYDE PARDO		
			Name of Person	
		ABC INTERCARGO LLC	•	
			Firm/Company	
		6900 NW 46 ST		
			Address	
		MIAMI, FL. 33166		
		leyde@abcintercargo.com	City/State and Zip Code	V
		E-mail address: (to be used for future annual report n	otification)
For fur	ther information c	oncerning this matter, please co	ull:	
LEYD	E PARDO		305 389 9668	
	Name o	d Person	at ()Area Code Days	ime Telephone Number
Enclos	ed is a check for th	he following amount:		
■ \$2	5.00 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

ABC INTERCARGO LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our rec ability Company)	<u>(9705.)</u>	
The Articles of Organization for this Limited Liability Company were filed on 10/07/2011			
Florida document number L11000115303			
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "l		
Enter new principal offices address, if applicable:		(). 9	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
	·	7 7 7	
Enter new mailing address, if applicable:	<u> </u>	2	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
•			
s. If amending the registered agent and/or registered offi	ice address on our reco	ords, enter the name of the	
egistered agent and/or the new registered office address here:		,	
Name of New Registered Agent:		<u> </u>	
	•		
New Registered Office Address:	Enter Florida street ad	dress	
	,	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA ISABEL GONZALEZ	6900 NW 46 ST, MIAMI, FL. 33166	■ Add
			☐ Remove
			LI KERINC
			☐ Change
		 	D Add
			□ Remove
			Change
			Add
			☐ Remove
		Change	
			□ Remove
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		***************************************	□ Remove
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<u>Note</u> docu	(optional) (ective date, if other than the date of filing: (optional) (optional) (optional) (optional) (in the date inserted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 (optional) (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
the r b) Th	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Date	JANUARY 14 2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00