L12000006585

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE
TALLAHASSEE, FI DBIR.

D. BRUCE

NOV 29 2012

EXAMINER

Division of Corporations

November 19, 2012

ESTERANIA M RONDON 10425 SW 112 AVE #206 MIAMI, FL 33176

SUBJECT: DUALCARGO, LLC. Ref. Number: L12000006585

We have received your document for DUALCARGO, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00027798

COVER LETTER

	COVERLETTER		
TO: Registration Secti Division of Corpo			
SUBJECT:	Dual Cargo LLC Name of Limited Liability Company		
The enclosed Articles of An	nendment and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
	Esterania M Rondon		
	Name of Person		
	Dual Carso LLC		
	Firm/Company		
	10425 SW 112 AVE # 206.		
	Mani F(33176	12 N SECO TALLL	
	City/State and Zip Code	NOV 28 CRETARY LAHASSE	TT .
	E-mail address: (to be used for future annual report notification)	143.2	
For further information con-	cerning this matter, please call:		
Esterania	M Rondon at (786) 239-3106	# 38 JALE ORIDA	
Name of Po			
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 ARTICLES OF ORGANIZATION **OF**

Dual Care	30 UC		
(<u>Name of the Limited Liab</u> (A Flori		pears on our records.)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on	January 13 2012 and assigned	I
This amendment is submitted to amend the following	ટ :		
A. If amending name, enter the new name of the	limited liability company	y here:	
The new name must be distinguishable and end with the 'L.L.C." Enter new principal offices address, if applicable:		ompany," the designation "LLC" or the abbrev	riation
- · · ·		D _C	
Principal office address MUST BE A STREET AL	<u>)DRESS)</u>		12/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	TARY OF STATE	FILED FILED
B. If amending the registered agent and/or registered agent and/or the new registered office a	address here:		e new
Name of New Registered Agent:	Jose Ma	uricio Rondon 112 Aue #206	
New Registered Office Address:	10425 SW	112 AUE # 206	
		Enter Florida street address	
	Krami	Florida 33176 Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Regis	tered 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 **Title** Name **Address Type of Action** nda De Sousa 10425 SW112 AUR #206 Add

Liani FL 33176 Remove MgR Jose Mauricio Rondon 10425 SW 112 AVE #206 XAdd
May: FC 33176 Remove Remove Remove

-If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
ed	11/26/12
	Emplo
	Signature of a member or authorized representative of a member FSTETAMA KONDON Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

APPROVED AND FILED

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