L120000 70757

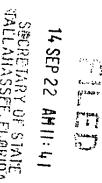
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800263636408

09/22/14--01032--020 **30.00



COVER LETTER

TO:

Registration Section Division of Corporations

ACF CARGO LLC

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:

PAUL WILLIAMS

Name of Person

KLMN INNC

Firm/Company

1253 WHITINGHAM CIRCLE

Address

NAPERVILLE IL 60540

City/State and Zip Code

LAW9@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

paul williams

Name of Person

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

ACF CARGO LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000070353</u>	were filed on MAY 24, 2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			•
(Principal office address MUST BE A STREET ADDRESS)	and the state of t		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1253 WHITHINGHAM CIF NAPERVILLE, IL 60540	RCLE	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the r	<u>iew</u>
		\$58 22 F	
New Registered Office Address:	Enter Florida street address	FOR TO	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MICHAEL REVELO	8401SW 4TH STREET MIAMI FL 33144	, □ Add
			_■ Remove
			□ Add
			Remove
			□ Add
			Remove
 		ואַרָ <i>ר</i> ָ	Add Color Add Remove Remove
	,	SHASSEC.	EP 22 AM
····		r Loxio,	.□ Δ7171 ********
			- _□ Add
			_□ Remove

	^		
	<u>.</u>		
ective date, if other th	an the date of fi	ling:	(optional)
ective date, if other the effective date must be specified the date this document is filed by	an the date of fi fic, cannot be prior to by the Florida Depart	ling:o date of receipt or filed date treent of State)	(optional) and cannot be more than 90 days after
date this document is filed b	y the Florida Depart	tment of State)	(optional) and cannot be more than 90 days after
fective date, if other the effective date must be specified date this document is filed be ted AUGUST 2	y the Florida Depart	tment of State)	(optional) and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 SEP 22 AM II: 41
SECREJARY OF SIAN
TALLAHASSEE, FLORI