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DIVISION OF CORPORATIONS

12 SEP 21 PM 12: 00

COVER LETTER

TO: Registration S Division of Co		• •				
SUBJECT: LIFE CARGO INVESTMENTS LLC						
	Name of Limi	ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		SERGIO LEAO	<u>; </u>			
Name of Person						
LIFE CARGO INC						
Firm/Company						
	8	578 NW 56 STREET				
		Address				
		MIAMI, FL 33166				
		City/State and Zip Code				
	Sergio@lifegp.us E-mail address: (to be used for future annual report notification)					
			iication)			
For further information	concerning this matter, please of	call:				
S	ERGIO LEAO	at (305)	471-7970			
Name	e of Person	Area Code & Daytin	ne 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 enclose	S60.00 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 SEP 21 PM 12: nn

	CARGO INVE			
(Name of the Limited	Florida Limited Li	<u>y as it now appear</u> lability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L12000103	• • •	were filed on	08/10/2012	and assigned
This amendment is submitted to amend the foll	J			
A. If amending name, enter the new name o	f the limited liabi	lity company her	<u>'e</u> :	
	GROUP INVE		_	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Compa	iny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		: En	ter Florida street addr	ess
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			 □ Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Remove
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Dated	,	·	ON S
	Man		
	1	or authorized representative of a member SERGIO LEAO	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00