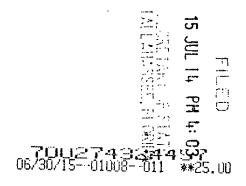
L13000013984

(D.	www.atada.NawaN	
(RE	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	MAIL
(Bi	ısiness Entity Nan	ne)
♦ (Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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15 JUL 14 AM 7: 44 SECRETARY OF STATE FALLAHASSEE, FLORID

J. HARRIE

COVER LETTER

TO:	Registration Sec Division of Corp					
CHEL	E.C.T.	BARQUISI	METO CARGO EXPRESS CA LLC			
SUBJ	ЕСТ:	Name of Limited Liability Company				
The er	nclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.			
Please	e return all correspon	ndence concerning this matter	to the following:			
			Thamara Perez			
			Name of Person			
			Tabadesa Associates			
			Firm/Company	<u></u>		
			419 W 49 St Ste - 111			
			Address	· · · · · · · · · · · · · · · · · · ·		
			Hialeah , Fl 33012			
			City/State and Zip Code	<u></u>		
			tammyp@tabadesa.com			
			to be used for future annual report notific	eation)		
For fu	orther information co	oncerning this matter, please ca	ali:			
	Thamar	a Perez	305 558 - 0622			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	e 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



July 1, 2015

THAMARA PEREZ TABADESA ASSOCIATES 419 W 49 ST STE 111 HIALEAH, FL 33012

SUBJECT: BARQUISIMETO CARGO EXPRESS CA LLC

Ref. Number: L13000013984

We have received your document for BARQUISIMETO CARGO EXPRESS CA 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):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00013878

15 JUL 14 PH 4: 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARQUISIMETO CARGO EXPR		
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	01/28/2013	and assigned
lorida document number L13000013984	·		
his amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words	*Limited Liability Company," the d	esignation "LLC" or the al	obreviation "LTL.C."
Enter new principal offices address, if applicable:	<u></u>		
Principal office address MUST BE A STREET AL	DDRESS)		SO F E
			<u> </u>
			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	········-	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the
Name of New Registered Agent:	HELWIN SANDING		
New Registered Office Address:	8427 NW 68TH STR	EET	
	Enter Flor	ida street address	
	DORAL, FL	, Florida	33166
	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.

Helwin andino
If Changing Registered Agent, Signature of New Registered Agent

If antending 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	BARROETA FLOREZ, GILSON M	8427 NW 68TH STREET	Add
		DORAL, FL 33166	■ Remove
			☐ Change
MGR	JANETTE C. MONTELONGO	8427 NW 68TH STREET	
		DORAL, FL 33166	☐ Remove
			□ Change
			Add
			□ Remove
		-	☐ Change
			Add
		<u></u>	□ Remove
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			Remove
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			☐ Remove
			☐ Change

		enter change(s) here: (Atta	en additional sheets, if	necessury.)
				
				
				
				
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an effective da ote: If the d	ate is listed, the date must be splate inserted in this block do Yective date on the Departr	ective date, but not an e	f filing or more than 90 days utory filing requirements	s, this date will not be listed a
	and and and record r			
The 90th	June 24	2015		
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Filing Fee: \$25.00