Florida Departm**ent**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000428865 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ABITOS PLLC

Account Number : I20200000189

: (305)774-2945

Fax Number

: (305)774-1504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CARGO NET USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

 λ :

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARGO NET USA LLC			
(Name of the Limited Liability Com- (A Florida Limited	onny as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	and assigned		
Florida document number L13000031984			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lie	ability company here:		
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		2020	_
(Principal office address MUST BE A STREET ADDRESS)			- <u>- i</u> í
		<u> </u>	erez
•	i	7	2
Enter new mailing address, if applicable:		<u> </u>	_ ; ;
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>	يس <u>ــ</u> ـر زرويا –
		<u> </u>	-
		مــــــــــــــــــــــــــــــــــــ	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the ne</u>	ame of the new regist	ered
Name of New Registered Agent:		 	_
New Registered Office Address:	D. Ph. J.		_
	Enter Florida street address		
	, Florida	Zip Code	
	Cny	eq cose	

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 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>	Name	Address	Type of Action
MGR	MUCHICO, GERMAN E	19900 E Country Club Dr	
		407	\frac{1}{2} Ramove
		AVENTURA, FL 33180	□Change
AMBR	MUCHICO, VICTOR	9130 S DADELAND BLVD STE 1509	□Add
		MIAMI, FL 33156	■Remove
			DChange
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			☐ ☐ Change
			DAdd
			Change
			🖸 Remove
			Change

To:

mend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
_		
_		
_		
_		
_		
_		
_		
-		
V nte:	(optional) lective date, if other than the date of filing: (optional) lective date is listed, the date must be specific and examet be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.)20 d a:
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	December 15 , 2020	
	Signature of a member or authorized representative of a member	
	Muestico Catruman	