L13000036036

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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number))
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COVER LETTER

TO: Registration Se Division of Cor			
	Cargo Solutions		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Liu		
	One World Cargo Solution	Name of Person	
	21218 St Andrews Blvd #6	Firm/Company 520	
	Boca Raton, FL 33433	Address	
	** **	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Michelle Liu		954 6335526 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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

One World Cargo Solutions LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records ia Limited Liability Company)	P)
The Articles of Organization for this Limited Liability (L13000036036 Florida document number		and assigned
This amendment is submitted to amend the following:		ē
A. If amending ηame, <u>enter the new name of the lin</u>	nited liability company here:	651 3 0
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADD	RESS)	S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ı
	. Flo	orida
	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 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>	<u>Address</u>	Type of Action
MGRM	Michelle Liu	21218 St Andrews Blvd #620, Boca Raton, FL 33433	
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.
	10/29/2018
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Filing Fee: \$25.00