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## **COVER LETTER**

	gistration Sec vision of Com			
SUBJECT:	FREX CAR	RGO, LLC		
SCIMILET.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Senen Garcia		
		The Law offices of Sene	Name of Person	
		The Law offices of Gong		
		2665 S. Bayshore Drive	Firm/Company	
	Address			
		Miami, Fl 33133	Addicas	
		receptionist@sgarcialaw.	City/State and Zip Code com	
		E-mail address: (	to be used for future annual report notific	ration)
For further	information c	oncerning this matter, please c	ali:	
Roxanna	Garay		786 477-1514	
	Name o	f Person	at (at Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
		ING ADDRESS:	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREX CARGO, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability ( Florida document number 47-1690233	Company were filed on 08/25/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
SanGar Enterpise, LLC.	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	22,
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florido street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:

New Registered Agent's Signature, il 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>	Address	Type of Action
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	Nozalila Valay	MIAM FL 33166	□ Remove
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(If an effective date Note: If the da	, if other than the date of files is listed, the date must be specificate inserted in this block does no ective date on the Department of	and cannot be prior to dat of meet the applicable s	e of filing or more than 90 d statutory filing requireme	_ (optional) ays after filing.) Pursua nts, this date will no	ant to 605,0207 ( of be listed as ti
	ecifies a delayed effective ay after the record is file		effective time, at 1	2:01 a.m. on th	e earlier of:
Dated	9/24/2018	_··			
	Signature of	a member or authorized	Appreciant ve of a member		
		1-15MA.	1 CAIX	/	
		Typed or printed napt	ne of signee		<del></del>

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Filing Fee: \$25.00