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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

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K.SALY EXAMINER JUN - 2 2015

## **COVER LETTER**

TO: Registration Sect Division of Corpo					
EL VIGIA I SUBJECT:	LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	ARIADNA M OJEDA				
		Name of Person	<del></del>		
	AYUDA CENTER				
Firm/Company					
	8100 WEST FLAGLER ST STE 200				
		Address			
	MIAMI, FL. 33144				
<b>(</b> ;		City/State and Zip Code			
•	ariadnaojeda@portal2usa.co				
ч	·	to be used for future annual report notifi	cation)		
For further information con	ncerning this matter, please ca	all:			
ARIADNA M OJEDA		305 971-5232 at ( )			
Name of	Person		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 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

PILED
2015 JUN - 1 PM 3: 21  cords.) AFTA 88 E.E. 157 A.I.  and assigned
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EL VIGIA LLC (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed or. Florida document number \_\_\_\_\_\_L15000020160 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: G & G CARGO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: AYUDA CENTER Name of New Registered Agent: 8100 WEST FLAGLER ST STE 200 New Registered Office Address: Enter Florida street address

## 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.

City

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33144

Zip Code

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 = M $AMBR = A$	Manager Authorized Member		FILED	
<u>Title</u>	Name	Address	2015 JUN - 1 PM 3. 0.	Type of Action
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Filing Fee: \$25.00