## LISCOLATIAS

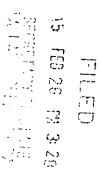
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MAR 10 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp			
CUBA CA	RGO EXPRESS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub-	-	
Please return all correspon	dence concerning this matter	to the following:	
	LOURDES MENDE	Z GOTFRIED	
		Name of Person	<del></del>
	CUBA CARGO EXP	RESS LLC	
		Firm/Company	<del></del> _
	12810 WALLINGFO	RD DR	
		Address	चुन <b>ज</b>
	TAMPA FL 33624		TEST TEST
	TAMDAMI II TISED\/	City/State and Zip Code	ion)
		to be used for future annual report notificat	ion)
For further information co	ncerning this matter, please c	all:	3-28 51418 1080
LOURDES MENDE	Z GOTFRIED	813 340-9876	₩ 28
Name of	Person		lephone Number
Enclosed is a check for the	_		
\$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)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUBA CARGO EXPRESS			
( <u>Name of the Limit</u> e	d Liability Compa A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u> )
he Articles of Organization for this Limited Li lorida document number <u>L15000020928</u>	ability Company	were filed on <u>02/03/2015</u>	and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
he new name must be distinguishable and end with the	vords "Limited Liab	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREET ADDRESS)			SEC
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	126 TELL
			The state of the s
			2 2
3. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			rds, enter the name of the
	N/A		
New Registered Office Address:	IN/A	Enter Florida street ada	lress
			Florida
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARLEN ABRAHANTES	12810 WALLINGFORD DR	Add
		TAMPA FL 33624	□ Remove
MGRM	LOURDES MENDEZ GOTFRIED	12810 WALLINGFORD DR	□ Add
	•	TAMPA FL 33624	■ Remove
MGRM	JOSE BOSCH	7210 N MANHATTAN AVE APT 2412	□ Add
		TAMPA FL 33614	■ Remove
		<b>28</b>	<del>G</del> i
AMBR	LOURDES MENDEZ GOTFRIED	12810 WALLINGFORD DR	_B}Add _B}Add
		TAMPA FL 33624	Remove
		Character (Control of Control of	: 28 -
AMBR	JOSE BOSCH	7210 N MANHATTAN AVE APT 2412	■ Add
		TAMPA FL 33614	□ Remove
			<del></del>
	·		_□ Add
			_□ Remove

<b>).</b> !	lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
	_	
[. ] (		tive date, if other than the date of filing:
	Dated _	February 16 / 2015 / .
		Signature of a member or authorized representative of a member
		LOURDES MENDEZ GOTFRIED
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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