10/27/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000266408 3)))



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To:

Division of Corporations

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From:

Account Name

: RAFAEL ACCOUNTING TAX

Account Number : I20130000095 Phone

: (305)558-1685

Fax Number

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

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CARGAR TRANSPORT & LOGISTIC, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help



October 28, 2016

FLORIDA DEPARTMENT OF STATE

CARGA TRANSPORT & LOGISTIC, LLC Division of Corporations

6792 NW 111 STREET DORAL, FL 33178

SUBJECT: CARGAR TRANSPORT & LOGISTIC, LLC

REF: L15000082214

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call .350) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: #16000266408 Letter Number: 416A00023171

2016,067 3 MIN: 42
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company lorida document numberL15000082214	were filed on	FLORIDA	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10 9 5 W 32 ST		
Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 3	3012	
	1095 W 32 ST		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 3	3012	
3. If amending the registered agent and/or registered o		our records, ent	er the name of th
egistered agent and/or the new registered office address her	<u>ę</u> :		
egistered agent and/or the new registered office address her Name of New Registered Agent:	<u></u>		2015
			7618 00:1 3
		ida street address (1)	3
Name of New Registered Agent:	Enter Flor City	ida street address (C)	8 1

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	ALFREDO LOPEZ	126 W 38 ST	
<u>.</u>		HIALEAH FL 33012	
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***************************************	Marine Ma		□ Add
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	date, if other than the date we date is listed, the date must be the date inserted in this block is effective date on the Depart	date, if other than the date of filing:10/27/2016 we date is listed, the date must be specific and cannot be prior to date of filing the date inserted in this block does not meet the applicable statutory's effective date on the Department of State's records.	date, if other than the date of filing:10/27/2016

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