# L15000084000

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SECRETARY OF STATE



## **COVER LETTER**

Div	ision of Corpo	rations					
SUBJECT:		AL CARGO SOLUTIONS, L	LC				
Name of Limited Liability Company							
The enclosed	d Articles of An	nendment and fee(s) are subm	sitted for filing.				
Please return	all correspond	ence concerning this matter to	the following:				
		RONALDO R FIGUEROA,	, CPA				
			Name of Person				
		R FIGUEROA, P.A.					
			Firm/Company				
			Address				
		DORAL, FL 33178					
			City/State and Zip Code				
		RONALDOF@RFIGUEROA					
	1	E-mail address: (to	be used for future annual report notifica	tion)			
For further is	nformation cond	cerning this matter, please call	l:				
RONALDO	R FIGUEROA	, CPA	305 273-1344				
Name of Person		at () Area Code Daytime Te	elephone Number				
Enclosed is a	a check for the f	following amount:					
■ \$25.00 F	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:

TO:

**Registration Section** 

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

NISO GLOBAL CARGO SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 12, 2015 and assigned Florida document number L15000084000 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MISO GLOBAL CARGO SOLUTIONS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

### 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

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 = M $AMBR = A$	lanager authorized Member		
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MAV 13	Signature of a	member or authorized	I representative of a me	mber	SECRETARY ALLAHASSE	5 MAY 26 AH 11:48	

Filing Fee: \$25.00