# L1600000 459a

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SECRETARY OF STATE

FEB 25 2016 J. HARRIS

### **COVER LETTER**

Division of Co	rporations		
SUBJECT:	CARGOUSCANADA		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corres o	ondence concerning this matter	to the following:	
	Aksana		
		Name of Person	
	Cargouscanada, LLC		
		Firm/Company	
	2632 Newbolt Dr	•	
		Address	<del> </del>
	Orlando, FL 32817		
		City/State and Zip Code	
	toaisw@gmail.com E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	•	
Aksana		at () 242-1155 Area Code Daytime	
Nam · i	of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	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)

#### MA LING ADDRESS:

TO:

Registration Section

Registration Section Divi ion of Corporations P.O. Box 6327 Tall: hassee, 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

CARGOU <b>S</b> CA	ANADA, LLC					
(Name of the Limite	ed Liability Company as (A Florida Limited Liabili	it now appears on our ty Company)	records.)			
The Articles of Orga sization for this Limited Li Florida document nu nberL16000004592	ability Company were	e filed on January 06	5, 2016	ar	nd assig	gned
This amendment is s ibmitted to amend the follo	owing:					
A. If amending narie, enter the new name of	the limited liability	company here:				
The new name must be d stinguishable and contain the w		ompany," the designation	on "LLC" or the	abbreviati	on "L.L	.C."
Enter new principal offices address, it applies (Principal office address MUST BE A STREE						
THE COME OFFICE AND PERSONNELLE	<u> </u>					
Enter new mailing : ddress, if applicable:				SECO	16 FE	2 6
(Mailing address M. IY BE A POST OFFICE	BOX)			77.5 27.5	12. 13.	7 5
				Y OF S	PH	
B. If amending the registered agent and/ registered agent and //or the new registered of	or registered office fice address here:	address on our r	ecords, <u>ente</u>	r'ine n Rida Rida	SZ SZ SZ SZ SZ SZ SZ SZ SZ SZ SZ SZ SZ S	is the nev
Name of New Registered Agent:	Aksana Tarasava					
New Regis ered Office Address:	2632	New Bolt  Enter Florida stree	, Dr			
	Opland	Enter r tortaa stree	, Florida	32	281	7
		City		Zip	Code	

New Registered Ager t'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 votified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Autho ized 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>Nan le</u>	Address	Type of Action
AMBR	Aksona Tarasava	2632 Newbolt Dr, Orlando, FL 32817	■ Add
			□ Remove
			Change
AMBR	Maksim V Tarasau	8111 Castinango St, Orlando, Fl 32817	🗆 Add
		<del> </del>	■ Remove
			Change
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		•	
			Remove
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). If ame	ending any	other informati	ion, enter cha	onge(s) here: (/	Attach additional	sheets, if necesso	ary.)	
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(If an eff Note: docum	fective date is If the date nent's effect cord spec	nserted in this blo ve date on the De	be specific and c ck does not me partment of Sta effective da	annot be prior to da let the applicable lte's records.	te of filing or more the statutory filing requestions	uirements, this da	ng.) Pursuant to 605 ite will not be liste	ed as the
		ruary	. 0	2016				
Dated		V 301 00 7 9	<del>' 1</del> ,	. 2016	2		76 F SECF TALLE	
			Signature of a me	ember of authorize	representative of a	member	- <del>                                     </del>	
	<del>- , , , , , , , , , , , , , , , , , , ,</del>	Al	ksana Tarasava				4 PH	m
			Т	yped or printed na	me of signee		2:5 STATI LORIE	Ö
				Page 3 o	of 3		5	

Filing Fee: \$25.00