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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

<u>....</u>

Account Name : ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172 Phone : (407)846-4810 Fax Number : (407)944-4810

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

Email Address: Catalina Viana Camail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARGOMAX, LLC

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COVER LETTER

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		DIBGO VELEZ		
			Name of Person	
		CARGOMAX LLC		
			Firm/Company	
		12648 CHELMSFORD C	Г	
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
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CATALINA FERNANDEZ			at í }	
	Name of	l Person	Area Code Daytir	ne Telephone Number
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			Street Address: Registration Se	ection
I	Division of C	orporations	Division of Co	rporations
_	Division of Corporations  CARGOMAX LLC  Name of Limited Liability Company  Enclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  DIEGO VELEZ  Name of Person  CARGOMAX LLC  Firtu/Company  12648 CHELMSFORD CT  Address  ORLANDO, FL 32837  City/State and Zip Code  CATALINAVIANA@GMAIL COM  E-mail address: (to be used for future annual report notification)  urther information concerning this matter, please call:  ALINA FERNANDEZ  Name of Person  Area Code  Daytime Telephone Number  Deed is a check for the following amount:  C25.00 Filling Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARGOMAX LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our r pany)	ecords.)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L16000024050	on 04/04/2016		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	iny here:		
CADI SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation	"LLC" or the s	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new malling address, if applicable:			
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Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	our records, <u>e</u>	nter the nar	ne of the new rep
New Registered Office Address:		nter the nar	ne of the new rep

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 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

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