L16000127483

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SECRETARY OF STATE
SILAHASSIE, FLORIDA

S Warren

DEC 28 2016

COVER LETTER

TO: Registration Se Division of Cor		,	
OB CARGO	O SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	All to the second
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE ALFONZO		
		Name of Person	
	JRAD 1968 GROUP LLC		
		Firm/Company	
	8180 NW 36ST SUITE 32	1	
		Address	
	DORAL,FL,33166		
		City/State and Zip Code	
	_	ESSCONNECTIONS.COM	
•		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
BEATRIZ C. DIAZ		954 4964106 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	☐ \$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:

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

(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 67-05-2016 and Florida document number L16000127483 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 nan registered agent and/or the new registered office address here: Name of New Registered Agent:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here:	
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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 nan registered agent and/or the new registered office address here:	
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B. If amending the registered agent and/or registered office address on our records, enter the nan registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	me of the
New Registered Office Address: Enter Florida street address	
	ode:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JIMENEZ,HECTOR	601 NW 82ND AVE APT 223	□ Add
		PLANTATION,FL,33324	■ Remove
			Remove
			☐ Change
			Remove
			Change
			Add
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Please includ EIN 81-3214	827 .	
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effective date is listed, the date must	date of filing: to specific and cannot be prior to date or	f filing or more than 90 days after filing.) Pursuant to 60
e: If the date inserted in this blo ament's effective date on the De		utory filing requirements, this date will not be lis
ament s officervo date off the fac	partition of blace a records.	
ecord specifies a delayed	effective date, but not an of	fective time, at 12:01 a.m. on the earl
ne 90th day after the reco		•
November 30	2016	
	· · · · · · · · · · · · · · · · · · ·	ASSECT TO THE PROPERTY OF THE
in the second	Signature of a member or authorized rep	oresentative of a member FLORIE :

Typed or printed name of signee