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(Requesto	or's Name)
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co			
	A CARGO LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MIRIAM DOMINGUEZ P	PADILLA	
	MIRIYUMA CARGO LLC	Name of Person	
		Firm/Company	
	3114 MURA DR APT B	, ,	
		Address	
	FT PIERCE FL 34982		
	miriamdmngz@yahoo.co	City/State and Zip Code m	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
MIRIAM DOMINGUE	Z PADILLA	954 7077395	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	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)
Regis	LING ADDRESS: tration Section	STREET/COUR Registration Section Division of Corne	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRIYUMA CARGO LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 02/14/2017	and assigned
lorida document number L17000035895	_ ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ൽ ട്ട്യ
Principal office address MUST BE A STREET ADDR	ESS)	AL SIGN
		O
		ယ မြောင်
Enter new mailing address, if applicable:		♣ 유유 교육 (1975) 교육 (1975)
		9
Mailing address MAY BE A POST OFFICE BOX)		-
3. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, ente	r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
TO TORNING OTHER LANDER.	Enter Florida sirvet address	
	, Florida	
	City	Zip Code

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	MIRIAM DOMINGUEZ PADILLA	3114 MURA DR APT B	🗀 Add
		FT PIERCE FL 34982	
			■ Remove
			☐ Change
·			Add
			Remove
			□ Change
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ote: If the dat	if other than is listed, the date the inserted in this active date on th	s block does r	not meet the a	applicable s			(option 0 days after fil ments, this d	ing.) Pursuant	to 605.020 e listed a
e record spe	ecifies a dela ay after the	yed effectiv record is fil	ve date, bu	ut not an	effective	time, at	12:01 a.r	m. on the ϵ	earlier d
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Filing Fee: \$25.00