L17000071542

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2019 MAR -4 PM 3: 09
SECRETARY OF STATE
INCLAMASSEE FROMS.

COVER LETTER

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TO: Registration Se Division of Cor		2.			
PH CARG	O LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ACCAME, PATRICIA				
	PH CARGO LLC	Name of Person		_	
Firm/Company					
20185 E COUNTRY CLUB DR SUITE 601					
	AVENTURA, FL 33180	Address			
	PABLO.RUIZ@NFTSUPP			2019 MAR -4 SECRETARY TALLAHASSE	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation)	R-4	FAR
PABLO RUIZ	· ,	305 297-0853		PH 3:	
Name o	of Person	at () Area Code Daytime	Telephone Numbe		_
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

PH CARGO LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our rd Liability Company)	records,)
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{1.17000071542}{1.17000071542}$	ny were tiled on $\frac{03/29/2017}{2}$	and assigned
This amendment is submitted to amend the following:		
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Inter new mailing address, if applicable: 999 SW 1st Ave Apt 3212 Miami, FL. 32 80M (25)		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
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)		HAR - L P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter-the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree.	t address
	City	Florida 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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>Address</u> Type of Action <u>Title</u> <u>Name</u> _□ Add _□ Remove _□ Change _□ Add ☐ Remove Change □ Remo P S Grange _□ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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Liffact	ive date, if other than the date of filing: (optiona		.0	
Note:	(optional certive date, if other than the date of filing:	g.) Pursua	nt to 60 t-be-lis	5.0207 (3)(ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the	e earli	ier of:
Dated	MARCH 1ST, 2019			
	Vor X			
	Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00