117000080430

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Division of C				
	F LOS ANGELES CA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fec(s) are sub	emitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	CINDY MEJIA			
		Name of Person	1. <u>1. 1. 2</u>	
	CONX OF LOS ANGELES CA LLC			
	Firm/Company			
	8795 W MCNAB ROAD			
		Address		
	TAMARAC, FL 33321			
		City/State and Zip Code	<u>. </u>	
	CINDY@NRS-CORPS.CO	M to be used for future annual report noti	fication)	PSS.
For further information	concerning this matter, please c	•	,	ANA ANA
CINDY MEJIA		954 958-2261 at ()_		Zi. F
	of Person	Area Code Daytim	e Telephone Number	TAPR 24 PH 4: 35
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 Fe Certificate of St Certified Copy (additional copy is	tatus &

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

CONX OF LOS ANGELES CA LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liability C Florida document number L17000080430	Company were filed on 4/10/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
CARGO CUBE OF LOS ANGELES CA LLC		
The new name must be distinguishable and contain the words "Lini	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TAPR 24
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Add دن Remov**e**∩ ☐ Change □ Add _□ Remove _□ Change □ Add _□ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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		2 System
		P
		F. OR
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be prior to date of filing or mo ock does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be listed as the
the record specifies a delayed) The 90th day after the reco	d effective date, but not an effective ti ord is filed.	me, at 12:01 a.m. on the earlier of:
Dated April 19		
Cnon		
	Signature of a member or authorized representative	of a member
Cindy Mejia		
	Typed or printed name of signee	

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Filing Fee: \$25.00