

L17000097403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500300337605

06/19/17--01028--005 **80.00

FILED
17 JUN 19 AM 8:49
RECORDS & CLERK
TALLAHASSEE, FLORIDA

JUN 20 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENT CARGO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO MONTEFUSCO

Name of Person

CENT CARGO, LLC

Firm/Company

8006 NW 29TH

Address

DORAL, FL 33122

City/State and Zip Code

AMONTEFUSCO@FS.NET.VE

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO MONTEFUSCO 786 2007398

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

CENIT CARGO, LLC

(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 05/02/17 and assigned
Florida document number 1.17000097403.

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 "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALEJANDRO MONTEFUSCO

New Registered Office Address:

1100 BISCAYNE BLVD UNIT 5203

Enter Florida street address

MIAMI

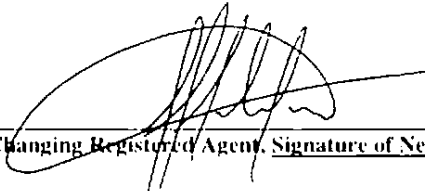
Florida 33132

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>	<u>Type of Action</u>
AMBR	LUIS FERNANDO FIANO	1947 SW 22ND TERR	<input type="checkbox"/> Add
		MIAMI FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROSANGELA MOCO	460 NE 28TH ST	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIAN MARTINEZ	12840 NW 6TH LANE	<input type="checkbox"/> Add
		MIAMI FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAVIER FERNANDEZ	1100 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		APT 5203	<input type="checkbox"/> Remove
		MIAMI FL 33132	<input type="checkbox"/> Change
MGR	ALEJANDRO MONTEFUSCO	1100 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		APT 5203	<input type="checkbox"/> Remove
		MIAMI FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN 19 AM 8:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 JUN 10 AM 8:
STATIONARY W. STATION
TALLAHASSEE, FLORIDA

17 JUN 10 AM 8-49
ALLAHASSEE, FLORIDA

JUNE 14TH 2017

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 14TH OF JUNE

2017

Signature of a member or authorized representative of a member

LUIS FERNANDO FIANO

Typed or printed name of signee