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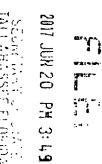
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UN 2 1 2017 RIS J. HARRIS

COVER LETTER

	istration Se ision of Cor			
CHD IEZT.	Tago Trans			
SUBJECT:			ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Manuel Cruz		
			Name of Person	
		Tago Transport LLC		
			Firm/Company	
		6586 S. Goldenrod RD Ap	prt. #91B	
			Address	
		Orlando, FL 32822		
			City/State and Zip Code	
		cruzsinco17@gmail.com	to be used for future annual report notif	Total (Tax)
For further is	Hormation co	oncerning this matter, please ca		(Californ)
Manuel cruz	;		978 210-3305	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)

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

Tago Transport LLC		
(<u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on our r Limited Etability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>06/13/2017</u>	and assigned
Florida document number 1.17000129001	<u>_</u> ;	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		Section 1
(Mailing address MAY BE A POST OFFICE BOX)		S
		P 10
		호텔 쇼 (1777)
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our re ess here:	cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uldress
		_, 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>	Address	Type of Action
Mgr	Manuel Cruz	6586 S. Goldenrod Rd Aprt. # 91B	= Add
		Orlando, Fl 32822	☐ Remove
			Change
			Add
			Remove
			Change
		.	Add
			☐ Remove
			Change
			O Add
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			60.7 60.4 40.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4
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Note:	ve date, if other than the date of filing:
<u>Note:</u> locum ie rec The	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cent's effective date on the Department of State's records. For dispectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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