	(Requestor's Name)
	(Address)
	(Äddress)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

	gistration Sc cision of Cor			
CUB IEZTE.	132 CARG	O.LLC		
SCBJECT.		Name of Lin	nted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retuii	n all correspo	ondence concerning this matter	to the following:	
		ARTURO SUAREZ		
			Name of Person	
		132 CARGO, LLC		
			Firm Company	
		1275 WEST 47TH PLAC	E SUITE 441	
			Address	
		HIALEAH, FL 33012		
		mastercarriersolutions@gm	City State and Zip Code	
			to be used for future annual report no	ufication)
For further i	ntormation c	oncerning this matter, please c	all [.]	
ARTURO	SUAREZ		786 5183431	
-	Name o	l'Person	at ()	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
≘ \$25,00 }	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)
	Registr	ING ADDRESS: ation Section of Corporations	STREET/COUR Registration Secti Division of Corp.	

P.O. Box 6327 Fallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

132 CARGO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Fiability Company)

	. , ,		
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>06/19/2</u>	2017	and assigned
Florida document number 4.47000133447			
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 I	Liability Company," the design	iation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	চ্		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			75 1 200 C
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		r records, <u>enter</u>	the name of the in
New Registered Office Address:			
	Enter Florida's	treet 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 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>	Name	<u>Address</u>	Type of Action		
MGR	LUIS VALBUENA	6802 SW 21ST ST			
		MIAMI, FL 33155			
			Change		
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			□ Remove		
			Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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	2 <u></u>	AHII: L	<u> </u>
E. Effective date, if other than the date of filing:(optional)	2-	649	
(aptional) (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.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	nt to of t be hi	05 0207 sted as	िअक्ता The
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b). The 90th day after the record is filed.	e earl	lier of	f:
Dated			
Signature of a grander or authorized representative of a member			
ARTURO SUAREZ (
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00