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COVER LETTER

Division of Cor			
CORAL C.	ARGO, LLC		
	Name of Lin	nited 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:	
	DOUGLAS LOPEZ		
	4	Name of Person	
		Firm/Company	
	425 WEST 42ND STREE	T	
		Address	
	HIALEAH FL 33012		
	longy 232@Gmail.gam	City/State and Zip Code	
		Innent and fee(s) are submitted for filing. Pronocraining this matter to the following: DUGLAS LOPIEZ Same of Person	
or further information c	oncerning this matter, please c		
DOUGLAS LOPEZ	ı		
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Sec	tion porations
Tallaha	issee, FL 32314	2661 Executive (Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CORAL CARGO, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number L17000189635	apany were filed on 09/06/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	17 TAĻĻ
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u> 	
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the ne
registered agent and/or the new registered office address	S here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address

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.

City

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	ROBERTO ALVAREZ	_	9917 W OKEECHOBEE RD APT	Add
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effective date is listed, the date	must be specific and	cannot be prior to	date of filing or mor	(option of the control of the	filing.) Purs	suant to	605.0
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ecord specifies a dela se 90th day after the	iyed effective di record is filed.	ate, but not	an effective tir	ne, at 12:01 a	.m. on t	he ea	rlie
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d		2017	. 5				
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 	Signature of a m	ember or authori	zed representative o	f a member			
DOUGLAS LOPEZ		•					
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Page 3 of 3

Filing Fee: \$25.00