## L17000195279

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
emp ica		o Services LLC			
SUBJEC	ol: <u></u>	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Norberto Jimenez			
			Name of Person		
		M&N Cargo LLC			
			Firm/Company	<del></del>	
		2730 W 76th Street apt 10	4,		
	Address				
		Hialeah, Florida, 33016			
			City/State and Zip Code		
		mncargo17@gmail.com			
		E-mail address: (	to be used for future annual report not	ification)	
For furth	ner information o	oncerning this matter, please of	all:		
Maite Martin Lopez		786 3184393			
Name of Person			ne Telephone Number		
Enclosed	d is a check for the	ne following amount:			
□ <b>\$</b> 25.	.00 Filing 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 Addres Registration	Section	<u>Street Address:</u> Registration Se		
	Division of C	orporations	Division of Co	rporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&N Cargo LLC			
(Name of the Lim)	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) cany)	
The Articles of Organization for this Limited L Florida document number L17000195279	iability Company were filed c	on <u>9/20/2017</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		202
			<u> </u>
Enter new mailing address, if applicable:			<b>.</b>
•			<del>0</del>
(Mailing address MAY BE A POST OFFICE	<u></u>		<del></del>
		<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the	name of the new registered
Name of New Registered Agent:	Norberto Jimenez		
New Registered Office Address:	2730 W 76th Street apt 104		
Terr Magaziered Siries Muless.	Enti	er Florida street address	
	Hialcah	, Florid:	a 33016
	Ciņ	<del>,</del>	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>	Name	Address	Type of Action
AMBR	Norberto Jimenez	2730 W 76th Street apt 104 Hialeah Florida, 33016	<b>■</b> Add
			□Remove
			□Change
AMBR	Maite Martin Lopez	2730 W 76th Street apt 104 Hialcah Florida, 33016	□Add
			■Remove
			□Change
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ffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this becomment's effective date on the I	ist be specific and cannot block does not meet	not be prior to date the applicable str			
record specifies a delayed effecti I is filed.	ve date, but not an e	effective time, at	12:01 a.m. on the c	earlier of: (b) The 90th	day after the
9/28/21		2:00 a.m.			
	aufartial				
	Signature of a tuem	ber or authorized re	epresentative of a me	mber	

Filing Fee: \$25.00