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3/14/23 VLA SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration S Division of Co			
			.*
SUBJECT: BRING	ER AIR CARGO, LLC		
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	EDUARDO DE CAS	STRO	
		Name of Person	
	BOND AIR CARGO		
		Firm/Company	
	8351 NW 21 STRE	FT	
		Address	
	DORAL, FL 33122		
		City/State and Zip Code	
	J.BRANDON@BRIN	GR.COM	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Jeannie Brandon		at (305) 592-5427	7 ext 228
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$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)
<u>Mailing Addr</u>	<u>ess:</u>	Street Address:	
Registration	Section	Registration Se	
Division of Corporations		Division of Co	,
P.O. Box 63 Tallahassee,		The Centre of 1	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRINGER AIR CARGO		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recordy.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/27/2017	and assigned
Florida document number L17000200487		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BOND AIR CARGO, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8351 NW 21 STREET	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33122	
		023, SEC
Enter new mailing address, if applicable:	SAME AS ABOVE	JAN T
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
		·	□ Change
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			□Remove
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effective date e: If the date	if other than the day is listed, the date must be inserted in this block with date on the Day	e specific and cann k does not meet	the applicable :			filing.) Pursuant to	
ument s effe	tive date on the Depa	nument of State	s records.				
cord specifies	a delayed effective d	late, but not an e	ffective time. a	t 12:01 a.m. on	he earlier of: (b	The 90th day a	fter the
s filed.		7				, 	
ed	2/27/22	<u> </u>		•			
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	Si	gnature of a memb	er or huthorized	representative of	member		

Filing Fee: \$25.00