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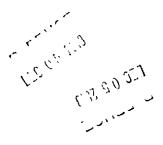
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COVER LETTER

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: TU Carga Express UC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Herder J Ferrebus Name of Person To Carga Express UC Firm/Company	-		
8229 NW 68 S+ Address	-		
Miami FL 33166 City/State and Zip Code	-		
HEYDERT 30.11 family code			
E-mail address: (to be used for future annual report notification)	<u> </u>	291	CT
For further information concerning this matter, please call:		AON	₩q
Heyder J. Ferredus a1 (786) 720-2238		30)•-
Heyder J. Ferre Lus Name of Person Heyder J. Area Code Area Code Heyder Daytime Telephone Number		± 1: 2	9**
Enclosed is a check for the following amount:	3.17	9	
(additional copy is enclosed) Certified	ate of Stat		
MAILING ADDRESS: Registration Section Division of Corporations 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

To Carga E	express U	C average)		
(A Florida L	Company as it now appears on imited Liability Company)	our records.		
The Articles of Organization for this Limited Liability Cor Florida document number <u>し \ つ o o 2 45 670</u>	·	-30-2017	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>	293	
		177 (3 • 7	<u> </u>	
		7. A	رب) ت حد	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	0	green green
(Mailing address MAY BE A POST OFFICE BOX)		4.5 *** • *** /	ist	* 1 ;
			 &	
		3.1.	<u> </u>	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, enter the	<u>name</u>	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida		
	City		p Code	<u></u>

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

Title **Address** Type of Action Name. Heyder J. Ferrelus 8229 NW 6857 □ Add Migmi FL 33166 □ Remove Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add • ☐ Remove _□ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00