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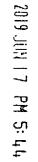
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C GOLDEN JUN 27 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	÷
SUBJECT: Tu Carga I	Express LLC. Same of Limited Liability Company	·
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
He	y der 1 Ferietus Name of Person	
Tu (	aga Express LLC.	
	3229 NW 685+	
Mia	City/State and Zip Code  er J_3 @ hotmail.com  al address: (to be used for future annual report notif	5
	er 1 = 3 @ hotmail.com	ication)
For further information concerning this matter	r, please call;	
Heyder J Ferretus Name of Person	at ( <u>786</u> ) <u>720-</u> Area Code Daytime	2238 Telephone Number
Enclosed is a check for the following amount:	:	
\$25,00 Filing Fee	Fee &   \$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

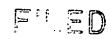
Same of the Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# 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



2019 JUN 17 PM 5: 44

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L17000 245670</u> .
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 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 ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = N $AMBR = N$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julio C. Albormoz	290 NW 109 Ave	<b>E</b> Add
		Miami FL 33172	Remove
			☐ Change
<del></del>			
			Remove
		·	Change
			☐ Remove
			Change
<del></del>			
			□ Remove
			Change
			□ Remove
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			□ Remove
			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:

Julia	<u>C.</u>	Alton	moz	١١:س	house	51%	0 <b>F</b>
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ective date, if oth reffective date is liste te: If the date inser- cument's effective of	ted in this t	block does not me	et the appli	cable statute	2019 ing or more than ory filing requi	(option 190 days after ti frements, this o	i <b>al)</b> ling.) Pursuant to 605.0 late will not be listed
record specifies he 90th day aft	a delaye er the re	ed effective da cord is filed.	te, but n	ot an effe	ctive time,	at 12:01 a.m	n. on the earlier
ed <u>lure</u>	10 Jugar	Signature of a mo	2019	norized repres	entative of a me	ember	
/ ,	How	de l	I.	VV C Ec	١٤		

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Filing Fee: \$25.00