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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	JA Cargo, LL	ited Liability Company	<del>,</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Miquel a.</u>	Rivera-Ramos Name of Person	
	$m_{2}$ AC	argo, LLC	
	848 Cau	ntry Clossing Ct	•
	hissimmu	41. 34744 City/State and Zip Code	<u>.</u>
		to be used of future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
miguel a. P.	ivera-Pamas  FPerson	at (407) 943 – Area Code Daytime	4820 407-943 -4480 Telephone Number
Enclosed is a check for the	he 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 proclosed)

### MAILING ADDRESS:

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

(Name of the Limite	A Liability Company as it now appears on our records. A Florida Limited Lability Company)	:)
The Articles of Organization for this Limited Lia Florida document number <u>L17000 al</u>	bility Company were filed on Decembe	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	or the abbreviation "L.I.,C."
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE B</u>	<u>ox)</u>	<del></del>
B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered office address on our records,	Ç.,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zıp 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Change
		<u> </u>	
			□ Remove
		<del>.</del>	Change
			Add
			□ Remove
			□ Change
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			☐ Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Limited liability Company Aupose:
mja Cargo, LC has bun organized with the purpose of buying, solling, and renting properties.
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xh Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Slptember 11 . 2019.
Signature of a member or authorized representative of a member
Miguel A River Ramos  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00