L180000 38933

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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE		NTERNATIONAL FREIGHT	FORWARDER, LLC	
SUBJE	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	-	
		ENRIQUILLO RIVAS		
			Name of Person	
		EM TRANS & CARGO, I	.L.C	
			Firm/Company	
		1598 NW 82nd Avenue		
		Doral, FL 33126		
		erivas@emtranscargo.com		
		lication)		
For furt	her information e	oncerning this matter, please c	all;	
Enriqui	llo Rivas		786 223-1112	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for th	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 enclosed)
	Mailing Addres	:S:	Street Address:	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARICE INTERNATIONAL FI	REIGHT FORWARDER, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	nv as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on <u>02-18-2018</u>	and assigned
Florida document number L18000038933		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
EM TRANS & CARGO, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		SE 202
		CAR CAR
		AS.
Inter new mailing address, if applicable:		Sec. 7
Mailing address MAY BE A POST OFFICE BOX)		AH.
		82 · .
		(10.1)
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter t</u> l	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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
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ective date, if other than the d	ate of filing: _			(optional)	
effective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ik does not meet	the applicab	date of filing or le statutory fil	more than 90 days ing requirement	s after filing.) Pui s, this date will	not be listed
cord specifies a delayed effective s filed.	date, but not an	effective time	:, at 12:01 a.m	. on the earlier	of: (b) The 90	th day after th
ed March 11		2020	<u></u>			
	(a = a	02_			

Typed or printed name of signee