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(R	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #;	
	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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TO:	Registration Section
	Division of Corporations

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BOOSAM CARGO L.L.C SUBJECT:

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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:

	Ulises Aldana			
	Boosam Cargo LLC	Name of Person		
	15191 SW 23LN	Firm/Company		
	Miami FL 33185	Address		
	boosamcargo@gmail.com	City/State and Zip Code		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	fication)	
Enriquillo Rivas		786 223-1112 at ()		··· · · · · · · · · · · · · · · · · ·
Name o	if Person	······································	ne Telephone Number	ر ر بہ
Enclosed is a check for th	he following amount:		ر	с.) ,
□ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filmg Certificate o Certified Co (additional cop)	of Status & py
21.4.14	INC ADDRESS,	STREETCORD	IED ANDRESS.	

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

BOOSAM CARGO L.L.C

(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 04/26/2018 ______ and assigned Florida document number 18000105238

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 "LLC."

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 BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		>
		مرد . لبب
New Registered Office Address:		
	Enter Florida street address	ر ؛
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability proper and has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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11 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>	Name	Address	Type of Action
MGR	ENRIQUILLO RIVAS	5975 SW 137 AVE	
			🗆 Add
		MIAMI FL 33183	
			B Remove
			Change
			🗆 Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.

October 4 Dated	2018
Jaieu	Sont
	Suparture of a member or authorized representative of a member
	Enriquillo Rivas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00