

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRAMILEX LLC Account Number : I20150000086 : (786)469-9163

Fax Number

: (305)848-3716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CARGO LINE ENVIOS LLC

PROPERTY AND PROPERTY AND PERSONS ASSESSED.	SE STREET STREET, SCHOOL STREET, CO. SEC. LANS.
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Se Division of Cor			
CARGO LI	ine envios LLC	,	
SUBJECT: Name of Limi		ited Liability Company	
	,	±.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	BISMARCK TOLEDO	·	
		Name of Person	· ·
	CARGO LINE ENVIOS I	TC	
		Firm/Company	
	8660 W FLAGLER ST ST		
•		Address 4:	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33144		
		City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information (e-man address: to concerning this matter, please c		itemosty .
BISMARCK TOLEDO	,	305 207-3232	
Name o	of Person	at () Area Code Daytim	a Telephone Number
		•	
Enclosed is a check for t			FIRSO OD FIUMA EMA
■ \$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)
Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section	on
	on of Corporations Sox 6327	Divisid - of Corpo: Cliftor, ਰੋਗੀding	
	assee, FL 32314	2661 Executive Co Tallahassee, FL 32	enter Circle 2301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARGO LINE ENVIOS LLC		
(Name of the Limited Liability Com (A Florida Limite	puny as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/24/2018	and assigned
Florida document number L18000131018		
This amendment is submitted to amend the following:	に 数 27	
A. If amending name, enter the new name of the limited lis	nbility company here:	
NA		
The new name must be distinguishable and contain the words 'Limited Lia	bility Compeny," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8660 FLAGLER ST STE 104	3 3 3
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33144	
		Marcani Carrier
Enter new mailing address, if applicable:	8660 W FLAGLER ST STE 104	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33144	12 O F 11
Wildling utilities WAT DE A POST OFFICE DOAL		5.2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		ter the name of the ne
Name of New Registered Agent: NA	> :	
New Registered Office Address: 8660 W FLA	GLER ST STE 104	
	Inter Florida street address	
MIAMI	, Florida	33144
	City	Zip Code

New Registered Agent's Signature, il 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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the atte, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	BISMARCK TOLEDO	8660 W FLAGLER ST STE 104	
		MIAMI, FL 33144	□ Remove
			■ Change
		·	Add
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		initial and the second	☐ Change
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			□ Remove
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tive date, if other than the da	ite of filing:	te of Eliza or more the	(optional)	suant to 605.
: If the date inserted in this block	t does not meet the applicable	statutory filing requ	irements, this date will	not be liste
ment's effective date on the Depa	rtment of State's records.			
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