

48000240370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

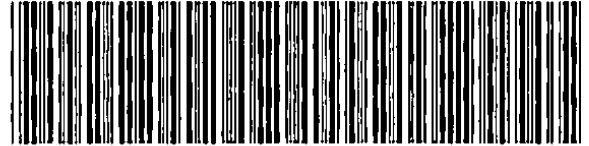
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NOV 23 2020

TO: Registration Section
Division of Corporations

SUBJECT: ELECTRIC CARGO LLC
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:

MARY LYNN SMITH
Name of Person

ELECTRIC CARGO LLC
Firm/Company

111 THONOTOSASSA FL 33592
Address

THONOTOSASSA FL 33592
City/State and Zip Code

MLSMITH 4144@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY LYNN SMITH at (813) 810-9385
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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**

ELECTRIC CARGO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JCT: 11.1.2

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 10, 2018 and assigned Florida document number L18000240370.

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)

111 TANGLEWOOD LANE
THONOTOSASSA FL 33592

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 TANGLEWOOD LANE
THONOTOSASSA FL 33592

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:

MARY LYNN SMITH

New Registered Office Address:

111 TANGLEWOOD LANE

Enter Florida street address

THONOTOSASSA

City

Florida 33592

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.

Mary Lynn Smith

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT A. SMITH	11012 CHARMWOOD DRIVE	<input checked="" type="checkbox"/> Add
		RIVERVIEW FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARY LYNN SMITH	111 TANGLEWOOD LANE	<input checked="" type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS MARTINEZ	6301 POWERLINE ROAD	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 3309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA MARTINEZ	10767 CLAIRMONT CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK MARTINEZ	10767 CLAIRMONT CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK A. SMITH	5324 PEACH AVENUE	<input checked="" type="checkbox"/> Add
		SEFFNER, FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____ OCT 13 4:21

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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 OCTOBER 13, 2020

Carlos R

Signature of a member or authorized representative of a member

CARLOS MARTINEZ

Typed or printed name of signee