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COVER LETTER

TO: Registration Section Division of Corporations

Río de Carga LLC. Name of Lamited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNIA BARBERUS CONZElez Name of Person Rio de Canga LLC. Firm Company 3061 NW 154 TERRACE OPA LockA. Fl33054 Cut State and Zip Code GNNIGBGRRORCS (2- Greail. deni 1-mail address: 110 be used for tuture annual report notification)

For further information concerning this matter, please call-

ANNIA BAIRERES CONZELLA at 1786 397-1627. 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vic de Carga LLC. 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 (2e/ober 17, 2e/8) and assigned Florida document number $L_{180c0244518}$

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 "Linuted Liability Compan	x "the designation "1.1.6" or the abbreviation "1.1.6"
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:		
New Registered Office Address:	Enter Florida street a	udvess
	(in	Florida 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. Thereby 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	Annia BARREROS Ganza	ile 3061 New 154 TERRORE	🖸 Add
		OPA LockA FL 33054	🗆 Remove
			图 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>November</u> 23, 2018 (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) <u>Note:</u> 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	·
	As
	J
	Signature of a member or authorized representative of a member
	-Innia BADRERAS. Compales
	-INNIA BARRENAS. CONSIDER Typed or printed name of signee 3

Page 3 of 3

Filing Fee: \$25.00