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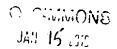
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## **COVER LETTER**

Division of Corporations
SUBJECT: Carlego Transport 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:
Adriana Fgocheaga
Carlego Transport
21073 Powerline Rd. Suite 49
Boca Raton, FL 33433  City/State and Zip Code  Carlego bell South. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adriana Egochega at (561) 213-1402  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:    \$25.00 Filing Fee

### MAILING ADDRESS:

TO:

**Registration Section** 

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

Carlego Transport (Name of the Limited Liability Comps (A Florida Limited)	LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on NOV	, 13 th 2018 and assigned	
Florida document number <u>L18000264085</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
		2	
Enter new mailing address, if applicable:		ئن رن	
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		-	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	Adriana Egocheaga	6909 Town Harbour B	lvd.□ Add
	J	Apt. 920	🗆 Remove
		Boca Raton, Fl 33433	Thange
			☐ Remove
			□ Change
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable status ument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.02 tory filing requirements, this date will not be listed.
record specifies a delayed effective date, but not an effo he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
Signature of amenioer or authorized repr	esentative of a member
Adriana Egoche Typed or profited name of	

Page 3 of 3

Filing Fee: \$25.00