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COVER LETTER

TO:		istration Sect sion of Corp				
SUBJE	СΤ·	DHE CA	RGO LLC			
			Name of Lin	ited Liability Company		
			mendment and fee(s) are sub			
			ELADIO RODRIO	GUEZ CRESPO		
				Name of Person		
			DHE CARGO LLO	C		
				Firm/Company		
			8479 NW 74TH S	Γ		
				Address		
			MIAMI, FL 33166			
			dhecargollc@gmail	City/State and Zip Code .COM to be used for future annual report notifi	cation)	19 Kar -
For furt	her in	formation con	cerning this matter, please ca	all:		· · · · · · · · · · · · · · · · · · ·
ELA	DIO	RODRIG	UEZ CRESPO	786 469-1069		ANTH: 29
		Name of F	Person	Area Code Daytime	Telephone Number	9 048
Enclose	d is a	check for the	following amount:			
\$25	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enc	
		MAILIN	G ADDRESS:	STREET/COURIE	CR ADDRESS:	

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

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHE CARGO LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Elorida document number L19000011365	wwere filed on 01/19/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	70
P If amonding the majotaned again and/au autice at	office address on our records, enter the name of the new
registered agent and/or the new registered office address her	e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DARRIN EDGUYN MANRIQUE MAYOR	8479 NW 79TH ST	□ Add
		MIAMI FL 33166	■ Remove
			Change
MGR	ELADIO ALEJANDRO RODRIGUEZ ROMERO	8479 NW 79TH ST	_■ Add
		MIAMI FL 33166	□ Remove
			Change
			Add
		-	☐ Remove
			Change
			Remove
			Change
		-	Add
			Remove
			Change
			O Add
			Remove
			☐ Change

•	
E. Effec	ve date, if other than the date of filing:(optional)
(If an et Note:	ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	FEBRUARY 28 2019
	Signature of a member or authorized representative of a member
	Cionattico of a manhar as materials at the state of the s

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00