

L190000028961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

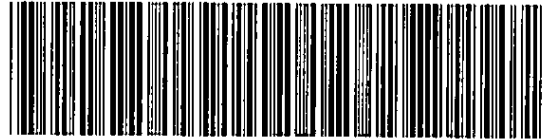
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327953237

04.18/19--01665--021 **25.00

FILED

19 APR 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2019
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBERTY AIR 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:

HERIBERT PEREZ

Name of Person

Firm/Company

6846 NW 77th Court

Address

Miami FLORIDA 33166

City/State and Zip Code

h.perez@rinato-co.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HERIBERT PEREZ

786 7798006
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIBERTY AIR CARGO LLC

(Name 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 01/28/2019 and assigned
Florida document number L19000028961.

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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HERIBERT PEREZ

New Registered Office Address:

6846 NW 77th Court

Enter Florida street address

Miami

Florida

33166

City

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.

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>
AMBR	VANESSA PEREZ	6846 NW 77th Court , Miami FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REINALDO GAITAN	6846 NW 77th Court , Miami FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 19 APR 18 PM 2:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

19 APR 18 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ד
ה
ח
ט

18 APR 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Dated 04/01, 2019

Signature of a member of authorized representative of a member

HERIBERT PEREZ

Typed or printed name of signee