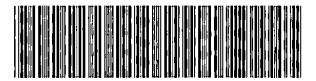
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| PICK-UP                 | ☐ WAIT           | MAIL        |
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| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
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### COVER LETTER

| Div            | ision of Cor                               | porations                                      |  |  |  |
|----------------|--|--|--|--|--|
|                |  | CARGO TRUCKING LLC                             |  |  |  |
| SUBJECT:       |  | Name of Lim                                    | ited Liability Company   | ·  |  |
| The analogue   | l Aminlos of                               | Amandagast and Easts) are sub-                 | mitted for filing  |  |  |
|                |  | Amendment and fee(s) are sub                   |  |  |  |
| Please return  | all correspo                               | ondence concerning this matter                 | to the following:  |  |  |
|                |  | ROSE I. DELGADO                                |  |  |  |
|                |  | Name of Person                                 |  |  |  |
|                | RD ACCOUNTING SERVICES & MORE, LLC         |  |  |  |  |
|                | Firm/Company 1633 E. VINE STREET SUITE 215 |  |  |  |  |
|                |  |  |  |  |  |
|                |  |  | Address  |  |  |
|                |  | KISSIMMEE, FL 34744                            |  |  |  |
|                |  | RDASERVICES16@YAH                              | City/State and Zip Code<br>OO.COM                                  |  |  |
|                |  | E-mail address: (                              | to be used for future annual repo                                  | rt notification)   |  |
| For further in | nformation c                               | oncerning this matter, please ca               | all:   |  |  |
| ROSE L DE      | LGADO                                      |  | 407 750-80   | 84   |  |
|                | Name o                                     | f Person                                       |  | Daytime Telephone Number   |  |
| Enclosed is a  | check for the                              | ne following amount:                           |  |  |  |
| ■ \$25.00 F    | iling 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) |  |
|                | Registr                                    | ING ADDRESS: ration Section on of Corporations | STREET/CO<br>Registration<br>Division of O                         |  |  |

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

**Registration Section** 

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

| SANTOS CARGO TRUCKING LLC  |   |  |
|--|---|--|
| . (Name of the Limited (A  | Liability Company as it now appears on Florida Limited Liability Company) | our records.)                            |
| The Articles of Organization for this Limited Liab<br>Florida document number L19000073209   | pility Company were filed on 03/15/2                                      | and assign                               |
| This amendment is submitted to amend the follow  | ving:   |  |
| A. If amending name, enter the new name of t   | he limited liability company here:  |  |
| N/A  |   |  |
| The new name must be distinguishable and contain the wor                                     | ds "Limited Liability Company," the design                                | nation "LLC" or the abbreviation "L.L.C. |
| Enter new principal offices address, if applicat   | ile:  |  |
| (Principal office address MUST BE A STREET   |   | 20.                                      |
| 17 mental office wanted in 1957 by 71 by 1812  | SEP SEP   |  |
| Enter new mailing address, if applicable:  |   | 30                                       |
| (Mailing address MAY BE A POST OFFICE BO   | 9Yı   | <u> </u>                                 |
| Thuming unitess MAT DE A 1 OST OTTICE DO   |   |  |
|  |   |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office |   | r records, enter the name of             |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   | Enter Florida s   |  |
|  | Enter r toriaa s  | irvet address                            |
|  |   | , Florida                                |
|  | City  | Zip Code                                 |
| New Registered Agent's Signature, if changing Re-  | gistered Agent:   |  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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

### or removed from our records:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u><br>MAYLEEN J. SANTOS PABON | Address<br>2173 MALLARD CREEK CIR | Type of Ac |
|--------------|--|-----------------------------------|------------|
| *MGR         |  | KISSIMMEE, FL 34743               | Add        |
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|              |  |                                   | ☐ Change   |
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| ffective date, if other tha   | n the date of filing     |                         |                       | (optional)                            |                     |
| I an effective date is listed, the da                               | ate must be specific and | cannot be prior to date |                       | n 90 days after filing.) I            |                     |
| <b>Sote:</b> If the date inserted in a locument's effective date on |                          |                         | statutory filing requ | irements, this date w                 | ill not be listed a |
| ocument's effective date off  | the Department of St     | ate s records.          |                       |                                       |                     |
|   |                          |                         |                       |                                       |                     |
| e record specifies a de   |                          | ate, but not an         | effective time,       | at 12:01 a.m. o                       | n the earlier       |
| The 90th day after the  | e record is filed.       |                         |                       |                                       |                     |
|   |                          |                         |                       |                                       |                     |
| SEPTEMBER 25, ated  |                          | 2019                    |                       |                                       | •                   |
| / 4 1   |                          |                         |                       |                                       |                     |
|   | 1.100 (                  | $\lambda$               | -1-0-1                |                                       |                     |
| <u> </u>  | ulier J                  | Lumbur or authorized    | representative of a m | amhar                                 |                     |
| 1   | 3 Signature of it m      | Linder of authorized    | representative of a m | emoci                                 |                     |
| MAYLEEN J. SA   | NTOS PABON               |                         |                       |                                       |                     |
|   |                          | Transit of main 1       |                       |                                       |                     |
|   |                          | Typed or printed nam    | ic of signee          |                                       |                     |

Page 3 of 3

Filing Fee: \$25.00