Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001402923)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I201800000033 Phone : (305)805-3516 Fax Number : (305)887-5844

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPORT CARGO LOGISTIC LLC

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Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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## **COVER LETTER**

(H210001402923)

TO: Registration Section
Division of Corporations

SUBJECT:	Import Care	go Logistic LLC			
		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Steven Zamorano			
			Name of Person		
•	•	CBS Financial CPA PA		•	
			Firm/Company	·	<del></del>
		6075 W Commercial Blvd			
			Address		_ <del></del>
		Tamarac, FL 33319			•
		Steven@cbsfinancialcpa.co	City/State and Zip Code		
		E-mail address: (	to be used for future annual repo	ort notification)	<del></del>
For further is	nformation c	oncerning this matter, please co	all:		
Steven Zamo	orano		954 724-41 at ( )	41	
	Name o	f Person		Daytime Telepho	ne Number
Enclosed is a	check for the	ne following amount:	•		
≌ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H210001402923)

Import Cargo Logistic LLC					
(Name of the Limi	ted Linbility Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)		
<b>N 1/46/1/11</b> 1	iability Company	were filed on 05/07/2019		and ass	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited lial	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abb	reviation "L.	.L.C."
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STRE)	ET ADDRESS)				
			·		
			•		<b>:</b>
The Articles of Organization for this Limited Liability Company were filed on 05/07/2019  Florida document number LIGOUCIEOTES  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "		N/A		<u> </u>	.ن ن. - <del>- :</del> -
		<u> </u>	<u> </u>		
			<del></del>	[PO]	
					<u></u> 0
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office : ss here:	address on our records,	enter the name	of the nev	v register
Name of New Registered Agent:	N/A	<del>-</del>			
New Registered Office Address:	N/A				
•	•	Enter Florida street	address		
			_, Florida		·
		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.

3058875844 p.4 (H210001402923)

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	<u>Name</u>	Address	Type of Action
AMBR	YOMADICSON LAMEDA	8025 NW 68TH ST	
		MIAMI, FL 33166	■Remove
			Change
MGR	Angember Mujica Camargo	8800 NW 36TH ST APT 4538	
		DORAL, FL 33178	□Remove
			Change
	<del></del>		QAdd
,			□Remove
	,	·	□ Change
			□Add
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			□Removc
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			□Remove
			∏ Change

3058875844 p.5 (H210001402923)

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