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R. WHITE

FEB 1 3 2020

COVER LETTER

	Registration Se Division of Cor			
		MIAMITLE		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Lucus Gimeno		
			Name of Person	
		7 CARGO MIAMI LI C		
			Firm/Company	
		8428 NW 66 ST		
		·	Address	
		MIAMI, FL 33166		
			City/State and Zip Code	
		lucas a masacargo.com		
t a starte			to be used for future annual report no	Infication)
		oncerning this matter, please c		
Lucas Gi			305 646-1044 at () Area Code Dayii	
	Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for the	he following amount:		
≡ \$25,0	## Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	
	Mailing Addre	<u>ss:</u> Section	Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 631	27	The Centre of	
	Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 1131

7 CARGO MIAMILLO

(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 Compa	any were filed on <u>06/10/2019</u>	and assigned
Florida document number 1.19000137721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MSA CARGO LLC		
The new name must be distinguishable and contain the words "I imited I	iability Company," the designation "LL	C" or the abbreviation "L.I.,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 offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	620
	F	Torida
	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. Thereby 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>	Type of Action
AMBR	PACHECO LEON, HECTOR I	6421 COW PEN RD M #204	
		MIAMI, FL 33014	■Remove
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