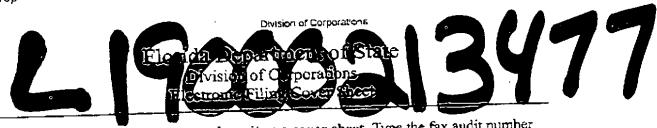
10/24/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : 120180000033 : (305)805-3516 Phone : (305)887-5844 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S.A.G.M. TRUCKING LLC

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Certificate of Status	0
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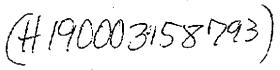
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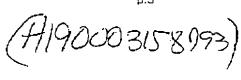
TO:	Registration Secti Division of Corpo	on Lations		₽,	a	9)
	CAGM TRI	UCKING LLC				
SUBJ	ECT:		Liability Company			
				i ! :		
The e	nclosed Articles of A	mendment and fee(s) are submitt	red for filing.			
Pleas	e remm all correspond	dence concerning this matter to t	he following:			
		SADIEL A. GARCIA MART	TNEZ	!		
			Name of Person		_	
		S.A.G.M. TRUCKING LLC				
			Firm/Company			
-		25955 SW 143RD CT #1222	2			
			Address			
		HOMESTEAD, FL 33032				
			City/State and Zip Code			
		SADIEL5281@GMAIL.CO	M.			
		E-mail address: ('c	be used for future annual re	por nonficiation)		
For	r further information o	oncerning this matter, please cal	lt:			
	DIEL A. GARCIA M		786 269	-9913		
_	Name	of Person	Ares Code	Daytime Telephone Nun	uoei	
_	alaund in a gineric for	the following amount:				
		□ \$30,00 Filing Fee &	□ \$55.00 Filing Fee &	£ □ \$60.0 Cert	0 F <u>il</u> ing Fee, ificate of Statu	s &
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			STREE	T/COURIER ADDRES	SS:	

MAILING ADDRESS:

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

Registration Section Division of Corporations Clifton Building 266! Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



S.A.G.M TRUCKING LLC	any as it now appears on our records.)
(A Fiorada Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company orida document number L19000213477	y were filed on 08/27/2019 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lia	bility company here:
I/A he new name must be distinguishable and contain the words "Limited Liab	hilling Company "the designation "LLC" or the abbreviation "L,L.C."
he new name must be distinguishable and contain the words. "Limited Lisa	
nter new principal offices address, if applicable:	N/A
Principal office address MUST RE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the
Name of New Registered Agent: N/A	
New Registered Office Address:	Enser Florida street address
	City , Fiorida Zip Code
New Rogistered Agent's Signature, if changing Registered Age	cuf:

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 Acous

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Althor - M	ıthorized Member	. **	Type of Action
Title	Name	<u>Address</u> 25955 SW 143RD CT #1222	<u></u> ,
AMBR	SADIEL A GARCIA MARTINEZ	HOMESTEAD, FL 33032	☐ A4d
			Remove
			Change
			D Add
			☐ Remove
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•			
	•		☐ Remove
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D. If am	ending any other information, enter change(s) here: (Auach additional sheets, if necessary.) Sadiel A. Garcia Marting is the only
	Sadiel A. Garda Mulling 151 acondon
	ACTIVE IVERVINE FOLIVER CONGRET
E. E: (If N	fective date, if other than the date of filing: D - Q - U (optional)
If th	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
(0)	Dalata 211 2019
r	vated 1000 dy, 200
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00