L20 0000 20478

. <u></u>
(Requestor's Name)
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2020 SEP 21 AM 8: 32 SECRETARY OF STATE

10/29120 Or

COVER LETTER

TO: Registration S Division of Co		•			
	ARGO LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ELIANY HUNG				
		Name of Person			
	MUSA'S ACCOUNTING	SERVICES INC			
	***************************************	Firm/Company			
	24821 S DIXE HWY				
		Address			
	HOMESTEAD FL 33032				
	-	City/State and Zip Code			
	ELIANY@MUSASPERMITTINGSERVICES.COM				
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
ELIANY HUNG		305 433-7140			
Name	of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre	ess:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

FILED

2020 SEP 21 AM 8: 32

RMGD CARGO LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our reports) AHASSEL. F.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company of		Y 13, 2020 and assigned
Florida document number L20000020478		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered
	ddress on our records	, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	ddress on our records Enter Florida stree	
Name of New Registered Agent:	Enter Florida stre	et address
Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	
Name of New Registered Agent:	Enter Florida stre	et address

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>	Name	Address	Type of Action
MGR	GILLES PHILLIP	3400 OLD BAINBRIDGE RD #309	□Add
		TALLAHASSE, FL 32303	■ Remove
			☐ Change
			□Add
			Remove
			[] Change
		□Add	
			□Remove
			☐ Change
		□Add	
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			□ Change

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(If an effective Note: If	tive date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
S Dated _	EPTEMBER 14 2020
	Signature of a member or authorized representative of a member
	Roudy Too di Typed or printed name of signee

. . . .

Filing Fee: \$25.00