L20000188482

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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			•			
SUBJE		RGO LOGISTICS LLC		÷			
SOBJE	C1	Name of Lim	nited Liability Company				
		Amendment and fee(s) are sub indence concerning this matter					
		NORYS J PINTO					
			Name of Person				
			Firm/Company				
	381 E SHERIDAN ST #108						
			Address				
		DANIA BEACH FL 3300	4				
			City/State and Zip Code		40	2	
		TEAMCARGOLOGISTIC	_		₽Ö	020	
For furt	her information c	E-mail address: (roncerning this matter, please c	to be used for future annual report notitall:	ication)	LL AHA	2020 SEP 17	7 A
NORY	SJPINTO		281 323-5380 at ()		ASS.	PH 5:	, eq.
	Name o	of Person		e Telephone Number		5: 58	***************************************
Enclose	ed is a check for th	he following amount:					
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &		
	.		S 4.4.1				

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

TEAM CARGO LOGISTICS LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \frac{\text{L20000188482}}{\text{L20000188482}}.	were filed on <u>07/02/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the t	name of the new registered
Name of New Registered Agent:		2020
New Registered Office Address:	Enter Florida street address	SEP T
New Registered Agent's Signature, if changing Registered Agent:	City	The Code ST

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 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>	Address	Type of Action
MGR	JOANA C CARRASQUEL	381 E SHERIDA ST #108	
		DANIA BEACH FL 33004	\equiv Remove
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to dark does not meet the applicable	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuant ents. this date will not l	to 605.0207 (3) be listed as the
the record specifies a delayed effective coord is filed.	ate, but not an effective time, a	at 12:01 a.m. on the earl	ier of: (b) The 90th da	y after the
Dated SEPTEMBER 11	. 2020			
Si	gnature of a member or authorized	representative of a member	er	
NORYS J PINTO				
	Typed or printed nat	me of signee		

Filing Fee: \$25.00