LZ0000331104

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FILED 2020 NOV -5 AM 11: 35

12/14/20

COVER LETTER

	ration Section on of Corporations)
Y	GR CARGO LLC	
SUBJECT: _	<u> </u>	Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are	submitted for filing.
Please return al	l correspondence concerning this mat	ter to the following:
	YENEY GUILLEN RI	VERA
		Name of Verson
	6532 LA MESA CIR	g. D. S. Proposition
		Address
	TAMPA FL 33634	
	FIRSTQUALITYSER@	City/State and Zip Code
		ss: (to be used for future annual report notification)
For further info	rmation concerning this matter, pleas	e call:
YENEY RIVE	RA GUILLEN	813 526-2725 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
■ \$25.00 Fili	ng Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc
Regis	ng Address: Stration Section	Street Address: Registration Section
	tion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YGR CARGO LLC	_	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000331104</u>	were filed on 1019/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ं है त
		i or m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· 	این ::
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new register
New Registered Office Address:	Enter Florida street add	Iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
If Cha	nging Registered Agent, <u>Signatu</u>	re 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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TITLE OF MGR FOR AMBR T	HAT IS THE ONLY CHANGE I WANT TO MAKE	
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ctive date, if other than the date offective date is listed, the date must be If the date inserted in this block ment's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to a does not meet the applicable statutory filing requirements, this date will not be	605.0 listed
ord specifies a delayed effective da filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter (
NOVEMBER 2	2020	
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