KZ0000381967

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COVER LETTER

SUBJECT:	MC CARGO	LLC		
SUBJECT.		Name of Limite	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	dence concerning this matter to	the following:	
		Christian J Fernandez Diaz		
			Name of Person	
		MC CARGO LLC		
			Firm/Company	
		5555 Collins Ave		
			Address	
		Miami Beach FL 33140		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please cal	l :	
Christian J F	ernandez Dia:	z 	321 9788127 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Tiling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC CARGO LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com		
Florida document number L20000381967		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		- ಕ
		£ 2
Enter new mailing address, if applicable:		* ACC
		30
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	P
		2
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our r is here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office reduces.	Enter Florida stree	t address
		, Florida
	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, I hereby 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	Silvia A. Ochoa Beltran	5555 Collins Ave Apt 4F	a Add
		Miami Beach FL 33140	Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
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Teetive date if other than th	e date of filing:	(optio	nal)
in effective date is listed, the date more: If the date inserted in this licitment's effective date on the	e date of filing: ist be specific and cannot be prior to date slock does not meet the applicable s Department of State's records.	of filing or more than 96 days after attitory filing requirements, this	date will not be listed as the
record specifies a delaye The 90th day after the re	d effective date, but not an cord is filed.	effective time, at 12:01 a	.m. on the earlier of:
(18.00 ntcd	2021		
×Ch	TISHON FRIT	odo de 2	
	Signature of a resolution of account of	•	

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Filing Fee: \$25.00