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## **COVER LETTER**

WISE CAI	RGO LLC
UBJECT:	Name of Limited Liability Company
he enclosed Articles of	Amendment and fee(s) are submitted for filing.
lease return all correspond	ondence concerning this matter to the following:
	MATEO RENDON
	Name of Person
	WISE CARGO
	Firm/Company
	8262 NW 14TH STREET
	Address
	DORAL, Fl. 33126
	City/State and Zip Code
	ARANGOMATEO86@GMAIL.COM  E-mail address: (to be used for future annual report notification)
or further information	concerning this matter, please call:
MATEO RENDON	786 709-7903 at ( )
Name (	of Person Area Code Daytime Telephone Number
inclosed is a check for t	the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE CARGO LLC	hility Company as it now appears on our records.)
(Name of the Limited Lia (A Flo	orida Limited Liability Company)
	y Company were filed on 2/3/2021 4 and assigned
This amendment is submitted to amend the following	y;
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	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 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	2021 3011 24 PN 5: 24	Type of Action
AMBR	MARIA I SANCHEZ	24918 SW 114TH AVE HOMESTEAD, FL 33032	—
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fan effective <u>Note:</u> If th	late, if other the date is listed, the date inserted is effective date of	date must be spe in this block do	cific and c es not me	annot be p	orior to date	of filing or atutory fil	more than	90 days	option after fil , this d	ing 3 Pursi	uant to 605. not be liste	.0207 ed as
	ecifies a delayed	effective date,	but not a	n effectiv	e time, at	12:01 a.n	i. on the	earlier o	f: (b)	The 90th	ı day after	the
record spe d is filed.				_	<b>.</b>							
a is filea.	June	14	··	<u> </u>	<u> </u>							