121000223217

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	-
	Office Use Only	



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21 BEC - 6 PH 1: 02

T. MATTHEWS
DEC 14 2021



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2021

BANIA PEREA 2034 SE 3RD DR HOMESTEAD, FL 33033

SUBJECT: FATHER & SON'S CARGO LLC

Ref. Number: L21000223217

We have received your document for FATHER & SON'S CARGO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00027632

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

	Registration Secti Division of Corpo			• •
SUBJEC	Father & Son's	Cargo LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspond	ence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
		2024 5	2.1	
		7001 DE	OYA UY Address	
		Homes	stead FL	33033
		bania pey E-mail address: (City/State and Zip Code O MOT M to be used for future annual report n	ail (wo)
For furthe	er information con-	l cerning this matter, please ca	all:	
Ba	Mia Per Name of Pe	'LA'	at (786) 31-	7-1177 ime Telephone Number
	is a check for the t	-	_	_
¥ \$25.0	00 Filing Fee	S30.00 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)
j	Mailing Address:		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

21 BES - 6 PH 1: 02 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Q/23/21 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number L21 000 223 2 17 This amendment is submitted to amend the following: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	21 000 -6 PH 1: 02	Type of Action
AMBR	Bania Perer	2034	SF 3rd Dr	X Add
				□Remove
				□Change
				🗆 🗅 Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be partie. If the date inserted in this block does not meet the apparent's effective date on the Department of State's recomment.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605 pplicable statutory filing requirements, this date will not be liste ords.
cord specifies a delayed effective date, but not an effective filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
cd,	ll
Signature of a member or a	authorized representative of a member
· •	/ I /

Filing Fee: \$25.00