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(Requestor's Name)
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## COVER LETTER

TO:	Registration Se Division of Cor			
	200	ES&K(	CARGO LLC	•
SUBJI	6C1:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Edwin Armijo	
			Maine of Person	
			The Simplex Group	
			Firm/Company	
		7500 !	NW 52ND ST SUITE 100	
			Address	
			MIAMI, FL 33176	
			City/State and Zip Code	
		SANTIAC	GOLOPEZ1060@GMAIL	СОМ
		E-mail address: (	to be used for future annual report no	tification)
For fu	other information c	oncerning this matter, please ca	all:	
	SANTIA	GO LOPEZ	at ( 786 ) 553-766	S1
Name of Person				ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊠</b> \$2	25.00 Filing 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 : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Compan	y were filed on07/08/2021	and assigned			
This amendment is submitted to amend the following:					
x. If amending name, enter the new name of the limited lia	bility company here:				
he new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)	(IDDRESS) 2641 POLK ST APT 9				
	HOLLYWOOD, FL 33020				
Enter new mailing address, if applicable:	2641 POLK ST APT 9				
Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33020				
	d	no of the now regis			
<ol> <li>If amending the registered agent and/or registered office igent and/or the new registered office address here:</li> </ol>	address on our records, enter the har	ic of the new regis			
		ر <u>حر</u> <del>سمت</del> ا			
Name of New Registered Agent:					
	2641 POLK ST APT 9				
New Registered Office Address:	Enter Florida street address				
1	HOLLYWOOD Florida	33020			
	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>	<u>Name</u>	Address	Type of Action
AMBR	SANTIAGO LOPEZ	2641 POLK ST APT 9	
		HOLLYWOOD, FL 33020	□Remove
			<u></u> ⊠Change
			□Add
			Change
			DAdd
			□Remove
			Change
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an effecti lote: [f]	ve date is listed. I the date inserte	r than the date of the date must be spec id in this block doc te on the Departme	ific and can s not meet	inot be prior to the applica	o date of filing	or more than	(optio 90 days after t ements, this	iling.) Pursuan	t to 605,0207 be listed as
record splits filed.		ed effective date, b	out not an	effective tin	ne, at 12:01 a	a.m. on the e	arlier of: (b)	The 90th d	ay after the
ated	July	16-44	,	2021					
	_								
		Signatu			rized represen HO L I name of sign	tative of a me	mber		