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(Red	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
		10/19/21 TMI
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10/07/21--01014--017 \*\*25.00

October 15, 2021

JUAN TARRE 1218 SE NANCY LN PORT ST LUCIE, FL 34983

SUBJECT: TP CARGO SERVICES LLC

Ref. Number: L21000350858

We have received your document for TP CARGO SERVICES 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):

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: 621A00025127

Tekayla T Matthews OPS

www.sunbiz.org

### **COVER LETTER**

SUBJECT: TP C	argo Service	es LLC	
3013ECT:	Name of Lim	ited Liability Company	· <del></del>
The enclosed Articles of Art	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Juan 10	IPRE Name of Person	***
	TP Cargo	Services LLC Firm/Company	<u> </u>
	1218 SE	Nancy LN Address	
		Address	1100
	Post St	Muil FL City/State and Zip Code (ices   Carganai	<b>34</b> 983
		City/State and Zip Code	1
	1 rcargoser v	to be used for future annual report not	incation)
For further information con	cerning this matter, please ca		
Judeisy Namedof F	Person	at (786) 578	9903
Name of F	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for 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)	Certificate of Status & Certified Copy
		(and the state of	(additional copy is enclosed)
<b>5.6</b> '11'		0	

#### Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

#### Street Address:

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**

.

TP Cargo Services L	LC	21 OCT 15 PH 18	չ։ եթ
(Name of the Limited Liability Compan	y as it now appears on ability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on $\frac{8}{}$	4/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	N/A	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	N/F	}	— —
			· - —
Enter new mailing address, if applicable:	<del></del>		· • <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			· - <del></del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name</u>	a the new registere
	J/n		
Name of New Registered Agent:	N/17		
New Registered Office Address:	······································		
	Enter Florida si	reet address	
<del></del>	Cin	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		.,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my crovided for in Chap	duties, and I am fa ter 605, F.S. Or, i	miliar with and f this document is

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 21 OCT 15 PH 12: 46 <u>Title</u> **Name** Address Type of Action Juan Tarre 1218 SE Nancy LN PSL FL 3498 1218 SE Navy LN PSL FL 349 □Add \_\_\_\_ □Remove \_\_\_\_\_ Change \_ \_\_\_\_ □∧dd 

\_\_\_\_\_ Change

Tarre, Juan as Huthorized Meinbeit (AMBR)  Puig, Yudeisy as Authorized Meinbeit (AMBR)  Puig, Yudeisy as Authorized Meinbeit (APBR)  Gettive date, if other than the date of filing:  Coffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing by Pursuant to 60502.  En If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed unnear's effective date on the Department of State's records.	Pliase	correct	author	ized Pe	(Son(s)	Detai	id. 86
Tarre, Juan as Authorized Member (AMBR)  Puig, Yudeisy as Authorized Member (AMBR)  Retive date, if other than the date of filing:	40: Sho	w Them	as i	IMBR i	n 4021/	Syste.	7) <sup>2</sup>
Puig Hodeisy as Authorized Member (APB)  cetive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/30 get If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed untent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.  Signature of a member or authorized representative of a member.	Tarr	e, JUAN	as H	uthorized	d Nen	16RIL	
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