

L 21000430936

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H21000391770 3)))



H210003917703ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SU SEGURO INSURANCE GROUP LLC
Account Number : 126218000126
Phone : (785)857-7718
Fax Number : (407)386-6369

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: karem@suseguroinsurance.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
SANFA CARGO EXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

2021 OCT 27 AM 6:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
2021 OCT 27 AM 11:10
TALLAHASSEE, FLORIDA

FILED

VH

Estimated Charge	\$25.00
------------------	---------

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H21000391770 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANFA CARGO EXPRESS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANCHEZ, JOSE M

Name of Person



Firm/Company

8851 NW 119 STREET, SUITE 4308

Address

HIALEAH GARDENS, FL 33018

City/State and Zip Code

sanfacargoexpress@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANCHEZ, JOSE M

at 786 5466201

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000391770 3

H21000391770 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANFA CARGO EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/01/2021 and assigned
Florida document number 1.21000430936.

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 "LLC."

Enter new principal offices address, if applicable:

8851 NW 119 STREET SUITE 4308

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH GARDENS, FL 33180

Enter new mailing address, if applicable:

8851 NW 119 STREET SUITE 4308

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH GARDENS, FL 33018

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:

N/A

New Registered Office Address:

Enter Florida street 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

H21000391770 3

H21000391770 3

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>	<u>Type of Action</u>
MGR	Greter A Gutierrez	8851 Nw 119th St Apt 4308	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000391770 3

H21000391770 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October, 20, 2021LEZISH
Signature of a member or authorized representative of a member

Jose M Sanchez

Typed or printed name of signer

FILED
2021 OCT 27 AM 11:10
STATE OF FLORIDA
TALLAHASSEE