

# L21000493060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

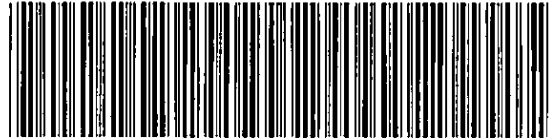
(Document Number)

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J. HORNE  
NOV 13 2023

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**LLC Articles of Amendment Filing**

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

October 25, 2023

Please find enclosed duplicates of the Articles of Amendment for **ASMAI, LLC**, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team  
MyCompanyWorks, Inc.  
187 E. Warm Springs Rd., Ste. B  
Las Vegas, NV 89119

Phone: 702-362-2677  
Fax: 702-825-2581

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ASMAI, 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 11/16/2021 and assigned  
Florida document number L21000493060.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

American Cargo Carriers, LLC

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*

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
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[illegible]

(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)

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.

/s/ Ajmal Barakzai

Ajmal Barakzai, Member

Page 3 of 3

**Filing Fee: \$25.00**

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*City*

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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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/s/ Ajmal Barakzai

Ajmal Barakzai, Member

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