k22000057300

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(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend

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SECRETARY OF STATE

J DENNIS

COVER LETTER

	Registration Se Division of Cor			•
	CARGOES	•		
SUBJEC	Т:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Alan Martinez		
			Name of Person	
		Simplex Group Inc		
			Firm/Company	-
		7500 NW 52ND ST, Suite	100	
			Address	
		Miami, FL, 33176		
			City/State and Zip Code	
		INFO@CARGOESAUTO.		
		E-mail address: (to be used for future annual report no	ottication)
For furth	er information c	oncerning this matter, please c	all:	
Nicholas	J Conza		516 7900792 at()	
	Name o	l'Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for the	ne following amount:		
■ \$25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARGOES AUTO TRANSPORT LLC		
(<u>Name of the Limited Liabilit</u> (A Fforida	y Company as it now appears on our i Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number 1.22000057300	ompany were filed on <u>02/02/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted Jiability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(E.S.S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registeret	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duti gent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES ANTHONY MARTINO	313 VILLA CIR, BOYNTON BEACH, FL 33435	= Add
			IRemove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
		<u></u>	🗆 Add
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			□Change

	any other information.					
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Sote: If the d	e, if other than the data are is listed, the date must be s late inserted in this block of fective date on the Depart	loes not meet th	ie applicable st	atutory filing rec	uirements, this d	ite will not be listed
record specit d is filed.	fies a delayed effective dat	e, but not an eff	lective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after t
ated	July 25th	·	2022			
_		9///	A.A.	<u> </u>		
	Sign	ature of a niembe	for a knotized t	epresentative of a	member	
		•				

Filing Fee: \$25.00