

L22000 295 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400438979624

FILED  
2024 NOV 13 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COG CARGO 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:

MARIA MARTINS  
Name of Person

COG CARGO LLC  
Firm/Company

8852 NW 111TH CT  
Address

DORAL FL 33178  
City/State and Zip Code

CARGOCOG@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2024 NOV 13 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

MARIA MARTINS at (786) 203-2471  
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

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

COG CARGO 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 FLORIDA and assigned Florida document number L22000295589.

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 "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)

**FILED**  
2024 NOV 13 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: GABRIEL MARTINEZ

New Registered Office Address: 8852 NW 111TH CT  
*Enter Florida street address*

DORAL, Florida 33178  
*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>
MGR	ADRIAN MARTINEZ	8852 NW 111TH CT	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA MARTINS	8852 NW 111TH CT	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIEL MARTINEZ	8852 NW 111TH CT	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<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

FILED  
2024 MAY 13 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Multiple horizontal lines for amending information.

2024 NOV 13 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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 30, 2024

Signature of a member or authorized representative of a member

MARIA MARTINS

Typed or printed name of signee