# L22000324879

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### **COVER LETTER**

то:	Registration S Division of Co				
ento nez		O LOGISTICS LLC			
SUBJECT: Name of Limited Liability Company					
10	1 - 1 4 - 2 1 0		and the second		
		Amendment and fee(s) are sub	-		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		FERNANDO GALLO			
			Name of Person		
		CHINGOLO LOGISTICS	LLC		
		-	Firm/Company		
		1001 SW 67TH AVENUE	E. SUITE #105		
			Address	<u></u>	
		MIAMI, FL 33144			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	otification)	
For furth	ner information of	concerning this matter, please c	all:		
FERNA	NDO GALLO		(786) 754-3263		
	Name o	of Person	at ()	me Telephone Number	
Enclosed	d is a check for t	he following amount:			
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		<u>Street Address:</u> Registration S	ection	
	Division of C	Corporations	Division of Co	orporations	
	P.O. Box 631 Tallahassee,		The Centre of 2415 N. Mont	Tallahassee ooc Street, Suite 810	

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 22 PM 1:

#### CHINGOLO LOGISTICS 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 L	iability Company	were filed on <u>07/22/2022</u>	and assigned
Florida document number 1.22000324879	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1001 SW 67TH AVENUE, SUITE #105	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33144	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1001 SW 67TH AVENUE, SUITE #105	
		MIAMI, FL 33144	
			<del></del>
D. Henry v. F. al. v. See J. v. a. v. 4/	*		e
B. If amending the registered agent and/or t agent and/or the new registered office addre		address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	1001 SW 67TH	EAVENUE, SUITE #105	
150 registered Office Address.		Enter Florida street address	
	MIAMI	. Floric	da <u>33144</u>
	<del></del>	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 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>	Address	Type of Action
MGR	FLORENCIA MANZANELLI	3350 SW 148TH AVENUE #110,	□Add
		MIRAMAR, FL 33027	≣Remove
			Change
MGR	ESPANA EN MIAMI LLC	1310 W 35TH ST	
		HIALEAH, FL 33012	
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	<del>.</del>
	<del></del>
Note: If	e date, if other than the date of filing:
e record s rd is filed	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
Dated	09 09 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

.

Filing Fee: \$25.00