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(Requestor's Name)
(Address)
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PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Consideration to Filip Office
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: KING	OF PENTACLE Name of Limit	S CONSUITING ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dave R M	Name of Person	
		Firm/Company	
	PO BOX 8156	Address	
	Fort Lauderde	City/State and Zip Code	
		Michela a Mail Co	fication)
For further information co	ncerning this matter, please ca	all:	
Dowe Name of	Person	at (954) 661-1 Area Code Daytim	4088 e Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$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 Address Registration So Division of Co	ection	Street Address: Registration Se Division of Cor	
P.O. Box 6327	-	The Centre of T	-
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING OF PENTACLES CO (Name of the Limited Liability Co (A Florida Limi	DNSULTING L mpany as it now appears on or ited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	12022	and assigned
Florida document number <u>L22000356161</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
	CARGO CA	ARRIERS	SLLC
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	tion "LLC" or the abbi	reviation "L.1C."
Enter new principal offices address, if applicable:		<u> </u>	20
(Principal office address MUST <u>BE A STREET ADDRESS</u>	7)	2 20	į į
		<u> </u>	2
		<u> </u>	30
		37	
Enter new mailing address, if applicable:		<u> </u>	32 [1]
(Mailing address MAY BE A POST OFFICE BOX)		∏ co nai	<u> </u>
		ration (m)	<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	eet 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
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Note:	ve date, if other than the date of filing:
e recor rd is fi	d 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 ed.
Dated	·
	~ 10
	Signature of a member or authorized representative of a member