123000108618

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(City/State/Zip/Phone #)
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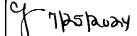
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COVER LETTER

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· cubicat		go Serv LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Mauricio Wong Mayorga		
			Name of Person	
		Madisa Cargo Serv LLC		
			Firm/Company	
		4811 Bayshore Blvd		
			Address	
		Tampa, FL 33611		
		mwong@madisalat.com	City/State and Zip Code	
		= =	to be used for future annual repo	ort notification)
For further	information c	oncerning this matter, please c	all:	
Mauricio Wong Mayaorga		813 869-54	10u	
	Name o	f Person	Area Code T	Daytime Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$ 25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	uiling Addres		<u>Street Addr</u> Registratic	
	_	orporations		f Corporations
T)	O D (22	7	T'I (''	s of Tallaha waa

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madica Cargo Serve LLC	MADISA CARGO SE	RV LLC	2024 CT . 17 PT 5: 2			
(<u>Name of the Lin</u>	ited Liability Company as (A Florida Limited Liabili	it now appears on our record ty Company)	<u>(s.)</u>			
The Articles of Organization for this Limited Florida document number <u>L23000108618</u>	Liability Company were	tiled on March 1, 2023	and assigned			
This amendment is submitted to amend the fo	llowing:					
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 Co	impany," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if appl	icable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office addr	ess on our records, <u>enter</u>	the name of the new registered			
Name of New Registered Agent:	Mauricio Wong May	orga				
New Registered Office Address:	4811 Bayshore Blvd Unit 103					
	Enter Florida su cet address					
	Tampa	, Fl	orida 33611 Zip Code			
N. D. Starre I.A. of Starrens 16 days for		Nity	Zip Code			
New Registered Agent's Signature, if changing	· · · · · · · · · · · · · · · · · · ·					
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete perf gistered agent as provi gregistered office add	ormance of my duties, a ded for in Chapter 605,	nd I am familiar with and 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>	Name	Address	Type of Action
			□Remove
			□Add
			∐Remove
			□ Change
			□Add
			∐Remove
			Change
			□Remove
			= Add
			∐Remove
			Change
			□Remove
			: Change

					
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etive date, if other than t effective date is listed, the date i E. If the date inserted in this iment's effective date on the	block does not meet the:	applicable statutory	filing requirements, t	his date will not be list	5,02(ed a
ord specifies a delayed effectiled.	tive date, but not an effec	tive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day afte	r (h
June 5	2024				
u	·		My		
				•	
	Signature of a member of	t willhum ed renormati	ative of a member		

Filing Fee: \$25.00