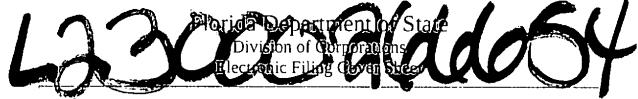
**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002541973)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA BAY CARGO LLC

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Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT

	10
	ARTICLES OF ORGANIZATION
	OF
*	•
Tampa	a Bay Cargo LLC
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

To: 18506176383

(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 06/01/2023	and assigned
Florida document number L23000266654	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered (	office address on our records, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address here:		. 545.
		* .
Name of New Registered Agent:		-
New Registered Office Address:		3 2
CAST USE INTERIOR SALING CONTINUES.	Enter Florida street address	<del>-</del>
	, Florida	. 15
<del></del>	Circ	, 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.

7/20/2023 13:30<del>1</del>36 PDT +

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365

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>	Name .	Address	Type of Action
AMBR	Pedro Mendoza Jr	7901 4th St N STE 300	<b> </b>
		St. Petersburg, FL 33702	□Remove
			☐ Change
AMBR	Chelsea Mendoza	7901 4th St N STE 300	<b>X</b> )Add
		St. Petersburg, FL 33702	□Remove
		····	□Change
			□Add
			□Remove
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must be specific at s block does not	nd cannot be prior to meet the applical	o date of filing or more tha	n 90 days after filing.) Pur	
ctive date, but no	ot an effective tim	ie, at 12:01 a.m. on the	carlier of: (b) The 90	h day after the
	2023	,		
it	Sn	vit	2	
i	the date of fili must be specific a is block does not be Department of ective date, but n	the date of filing:  must be specific and cannot be prior to is block does not meet the applical ie Department of State's records.  ective date, but not an effective time	the date of filing:  must be specific and cannot be prior to date of filing or more that is block does not meet the applicable statutory filing require Department of State's records.  Extive date, but not an effective time, at 12:01 a.m. on the 2023	the date of filing:

Typed or printed name of signee