

L23000 520340

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(Address)

(Address)

(City/State/Zip/Phone #)

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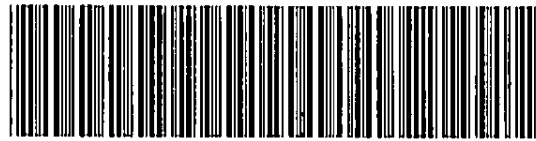
(Business Entity Name)

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DATE: 12/11/2023

NAME: MIRANDA CARGO & LOGISTICS, LLC

TYPE OF FILING: AMENDMENT


COST: 25.00

RETURN: PLAIN COPY PLEASE

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Clerk of Court
Tallahassee, FL

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRANDA CARGO & LOGISTICS, 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:

DANIEL ZERON

Name of Person

VALBUENA GROUP LLC

Firm/Company

2500 NW 79TH AVE SUITE 128

Address

DORAL FL 33122

City/State and Zip Code

INFO@VALBUENAGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL ZERON

786 569-2629

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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OFFICE OF THE STATE
CLERK OF THE SUPREME COURT

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

MIRANDA CARGO & 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 Liability Company were filed on 11/17/2023 and assigned Florida document number L23000520340.

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)

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: HERNANDEZ, JORGE

New Registered Office Address: 5995 FOLKSTONE LN
Enter Florida street address

ORLANDO, Florida 32822
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.

JORGE HERNANDEZ

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	MIRANDA, ZUYIN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIRANDA, SUYIN	1304 1B SHADYSIDE LN	<input checked="" type="checkbox"/> Add
		GERMANTOWN MD 208	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CIVIL SERVICE UNIT

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

1- THE NAME OF MGR: MIRANDA, ZUYIN IS MISSPELLED, BECAUSE IT IS WITH: S AND NOT WITH

Z. PLEASE CHANGE THE Z FOR THE S. THE CORRECT NAME IS: MIRANDA, SUYIN

2- THE SURNAME OF THE REGISTERED AGENT IS HERNANDEZ NOT MARTINEZ. PLEASE CHANGE

MARTINEZ FOR HERNANDEZ. THE CORRECT NAME IS: HERNANDEZ, JORGE

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DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: 11/21/2023 **(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 DECEMBER 01 2023



DANIEL ZERON

Signature of a member or authorized representative of a member

DANIEL ZERON

Typed or printed name of signee