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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:		CARGO LL ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
For further information e	- Colle	Name of Person  Firm/Company  Address  City/State and Zip Code  MA 11 90 ©  o be used for future annual report noti	
Roda	IEU Folima	at ( <u>386)</u> <u>26 Y</u> Area Code Daytim	1.0432
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

COLLAR CA	ARGO LLC 2024 NOV -1 AM 11: 53
(Name of the Limited Liability Compa	1 1 1 2
The Articles of Organization for this Limited Liability Company	5-6.24 ALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Elability Company	were filed on and assigned
Florida document number <u>L24000 210 646</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 FARISTON PL
(Principal office address MUST BE A STREET ADDRESS)	PALM COAST, FL 32137
	<del></del>
Enter new mailing address, if applicable:	18 FAGISTAN DI
••	PALM COAST, FL 32137
(Mailing address MAY BE A POST OFFICE BOX)	TALM WAST, FE 3013 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	L CHRISTIAN
New Registered Office Address: ✓ 18 Fo	Enter Florida street address
OALm	2 Cops Florida 32/37 Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·/
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

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
AMBR	MARK CHRISTIAN	18 Fariston Pl Palmi Coast, Fl 321	Add
		Palm (005/, 16 32)	_ Remove
			_ □Change
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