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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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K. SALY

AUG 2 2 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
TALLAHASSET FLORID	

MG CARGO LO			_ ~~~	
(Name of the United Liability Cor (A Florida Limit	mpany as it now appears	on our records.)		
(A Florida Limit	ted Liability Company)			
m	any were filed on	08/06/2024	and assigned	
The Articles of Organization for this Limited Liability Compa	any were med on			
Florida document numberL24000352230			•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>re</u> :		
· ·				
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	signation "LLC" or the ab	breviation "L.L.C."	
	6151 TOSCANA		,	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	DAVIE, FL 3331	DAVIE, FL 33314		
	6151 TOSCANA	615) TOSCANA DR UNIT 126		
Enter new mailing address, if applicable:	DAVIE EL 3331	DAVIE, FL 33314		
(Mailing address MAY BE A POST OFFICE BOX)			.,,	
			•	
B. If amending the registered agent and/or registered off	fice address on our re	cords, <u>enter the nam</u>	te of the new register	
agent and/or the new registered office address here:				
·				
Name of New Registered Agent:				
Trains of 1929 Assessment Special	4151 TOSO	ANA DR UNIT 126		
New Registered Office Address:		ida street address		
	Enter Flor	iua street adaress		
	DAVIE	, Florida	33314	
			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 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
MGR ·	DEISY GALAN GOMEZ	6151 TOSCANA DR UNIT 126	≣Add
		DAVIE, Fl. 333;4	·
			□Change
		· v.	
			Remove
			STOAT T
			□ Remove
			□Remove
			© Change
 .			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			(7Churra

LAZARUS CORPORATE

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FREDY MORALES DUARTE Typed or printed name of signee