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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	CARGE LLC						
SUBJECT:	Name of Limit	ted Liability Company					
The enclosed Articles of	'Amendment and fee(s) are subt	nitted for filing.					
Please return all correspo	ondence concerning this matter t	o the following:					
	PAULA FERNANDEZ						
		<del></del>					
	BUSINESS SOLUTION C	BUSINESS SOLUTION CENTER					
		Firm/Company					
	1726 NW 36TH STREET	UNIT 6					
	Address						
	MIAMI, FL 33142						
	<del></del>	City/State and Zip Code					
	leotours l@hotmail.com	to be used for future annual report not	(Footion)				
			mcation)				
For further information	concerning this matter, please ca	all:					
PAULA FERNANDEZ		305 637-8722					
Name of Person		at () Area Code Daytir	ne Telephone Number				
Enclosed is a check for	the 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 Addr Registration	Section	Street Address: Registration S					
Division of P.O. Box 63	Corporations 327	Division of Co The Centre of					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HONIEGE CARGE, LLC	202	ر ، برال 5
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	25 JIJH 12 AM 8:06
he Articles of Organization for this Limited L lorida document number L25000153822	iability Company were filed on 03/31/2025	and assigned
his amendment is submitted to amend the foll	owing:	
. If amending name, enter the new name o	f the limited liability company here:	
HONIEGE CARGO, LLC		
ne new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applic	eable: N/A	
Principal office address MUST BE A STREE	ET ADDRESS)	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	N/A	
Name of New Registered Agent:	registered office address on our records, enter the ess here:  N/A	name of the new regist
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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.

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
	N/A		□Add
			□Remove
			□ Change
			□Remove
			Change
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d is filed.		03/3/	· · _s	2025	_ •	$\alpha$				
e record specifed is filed.  Dated		03/3/	Tha v	2025	M- (	On the	e/as			

Filing Fee: \$25.00