L12000054559

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JUL 1 7 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

TRANS GLOBAL TRUCKING LLC

SUBJECT:

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:

IRAKZU LEYVA

Name of Person

THE ELITE CARRIER SERVICES OF MIAMI

Firm/Company

11790 NW SOUTH RIVER DR

Address

MEDLEY, FL 33178

City/State and Zip Code

ILEYVA@ELITECSOM.COM

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

For further information concerning this matter, please call:

IRAKZU LEYVA

_{.,,}305 \405-2600

Name of Person

Area Code

Daytime 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)

☐ S60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

TRANS GLOBAL TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

₹50 ±

The Articles of Organization for this Limited Li	ability Company we	re filed on <u>04/23/20</u>	12 Fand assigned
Florida document number L12000054559	<u> </u>		7 - T
This amendment is submitted to amend the following			O A SSEEF
A. If amending name, enter the new name of	the limited liabilit	y company here:	9: 57 FLORID
			<u> </u>
The new name must be distinguishable and end with the	words "Limited Liability	Company, the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	**************************************	\$ T 4
(Principal office address MUST BE A STREE	T ADDRESS)		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	_		
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our rec	ords, enter the name of the new
registered agent und or the new registered of	aree address nere.		
Name of New Registered Agent:	THE ELITE	CARRIER SERV	ICES OF MIAMI
New Registered Office Address:	11790 NW S	RIVER DR	
Trew Registered Street Address.		Enter Florida street a	ddress
	MEDLEY		, Florida <u>33178</u>
		City:	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi	er and complete pe	rformance of my dutie	s, and I am familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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.

Authorized Mo	ember being added or removed from ou	ır records:	
MGR = Man AMBR = Aut	ager horized Member		
Title	Name	Address	Type of Action
MGR	AGUSTIN LOPEZ	728 HUDSON VALLEY DF	? _□ Add
		KISSIMMEE, FL 34759	■ Remove
MGR	JESUS MEDINA	1434 MELADY AVE	
		SEBRIMG, FL 33870	■ Remove
MGR	CARLOS HERRERA	5750 COLLINS AVE APT 14A	 ■ Add
		MIAMI BEACH, FL 33140	□ Remove
			_□ Add
		TACE	Remove
		LAHASSEE FLORIDA	JUL 10AAM 9emove
		D P	TE 7
			□ Add
			_□ Remove

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(The effective the date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA