-L13000136447

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp			•
SUBJE		ANSPORT LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		EVELI	O'E MORALES RAMOS	
			Name of Person	
		· TANY	TRANSPORT LLC	
			Firm/Company	
		312 \	W EL PASO AVE	
			Address	
		CLEV	WISTON, FL 33440	
			City/State and Zip Code	
			63@GMAIL.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For furtl	her information co	oncerning this matter, please ca	all:	
EVELIG	O E MORALES F	RAMOS	239 258-4315 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TANY TRANSPORT LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L13000136447</u> .	were filed on SEPTEMBER 26, 2013 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	312 W EL PASO AVE
Principal office address MUST BE A STREET ADDRESS)	CLEWISTON, FL 33440
Inter new mailing address, if applicable:	312 W EL PASO AVE
Mailing address MAY BE A POST OFFICE BOX)	CLEWISTON, FL 33440
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	
Trem Atagonian Office Paulogo.	Enter Florida street address
	, Florida
	City Zin 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	EVELIO L MORALES SIBLES	312 W AEL PASO AVE	⊟ Add
		CLEWISTON, FL 33440	Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
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		PUBLICATION OF STARY	Remove
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	AUGUST 1, 2016			
ectiv	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optiona	. l) 19.) Purs	uant to 605.02
te: II	the date inserted in this block does not meet the applicable statutory filing requiremen			
cumer	's effective date on the Department of State's records.			
				سمناسم مط
	d specifies a delayed effective date, but not an effective time, at 12 Oth day after the record is filed.	:U1 a.m	ı. On ti	ne earner
ted	SEPTEMBER 06 2016		31.03	
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		أسيم يدو	٠.	
		<u> </u>		
	Signature of a member or authorized representative of a member	525 525 520	73	
	Signature of a member or authorized representative of a member EVELIO E MORALES RAMOS	STE. FL		m O

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Filing Fee: \$25.00