114000076938

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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		COVER LETTER	
TO: Registration S Division of Co	ection	COVER DETTER	!
- **	ucking LLC.		
SUBJECT:		nited Liability Company	
	f Amendment and fee(s) are sub	<u>-</u>	
Please return all corresp	ondence concerning this matter	to the following:	
	Alfredo Vizcarrondo		
		Name of Person	
	Anibel Trucking LLC.		
		Firm/Company	
	10305 NW 41st St Suite 2	·	
		Address	
	Doral Fl 33178	01.0.1	
	a.vizcarrondo@pwcargo.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Alfredo Vizcarrondo		305 4771266 at ()	
Name	of Person	Area Code Daytime	e 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anibel Trucking LLC.				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our re		
The Articles of Organization for this Limited L. Florida document number L14000076938		, ,	OF STATE and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
NATIONS TRANSPORTATION LLC.				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		8330 NW 56TH ST		
(Principal office address MUST BE A STREET ADDRESS)		DORAL FL, 33166		
Enter new mailing address, if applicable:		8330 NW 56TH ST DORAL FL, 33166		
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		ords, enter the name of the new	
Name of New Registered Agent:	ALFREDO VIZCARRONDO			
New Registered Office Address:	10305 NW 41S	ST ST SUITE 215		
		Enter Florida street a	ddress	
	DORAL		, Florida ³³¹⁷⁸	
		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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
P	GARCIA, EMILIO MANUEL		□ Add
		1863 SW 152TH PATH MIAMI FI 33/85	■ Remove
			Change
MGR	LOPEZ, LEONARDO	8330 NW 56TH ST MIAMI FL 33/66	
			□ Remove
			Change
			Add
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