

L14000076938

(Requestor's Name)

(Address)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nations Transportation LLC
DOCUMENT NUMBER: L14000076938

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oswaldo Plasencia
Name of Contact Person
Nations Transportation LLC
Firm/ Company
12963 W Okeechobee Rd ste 4
Address
Hialeah Gardens, FL 33118
City/ State and Zip Code
4globalcorp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Plasencia at (305) 2020230
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
25
- ☐ \$43.75 Filing Fee & Certificate of Status
- ☐ \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed)
- ☐ \$52.50 Filing Fee Certificate of Status Certified Copy
(Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nations Transportation LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/12/14 and assigned Florida document number L14000076938.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12963 W OKEECHOBEE RD STE 4

HIALEAH GARDENS, FL 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OSWALDO PLASENCIA

New Registered Office Address:

12963 W OKEECHOBEE RD STE 4

Enter Florida street address

HIALEAH GARDENS

City

Florida 33018

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

✓ If attending 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------|--|
| MGR | ROLANDO PALMA | 8330 NW 56TH ST. DORAL, | <input type="checkbox"/> Add |
| | | FL 33166 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | OSWALDO PLASENCIA | 12963 W OKEECHOBEE RD | <input checked="" type="checkbox"/> Add |
| | | STE 4 | <input type="checkbox"/> Remove |
| | | HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Change |
| MBR | CRISTIAN CASAS | 12963 W OKEECHOBEE RD | <input checked="" type="checkbox"/> Add |
| | | STE 4 | <input type="checkbox"/> Remove |
| | | HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized

OSWALDO PLASENCIA

Typed or printed name of signee