

L16000200529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

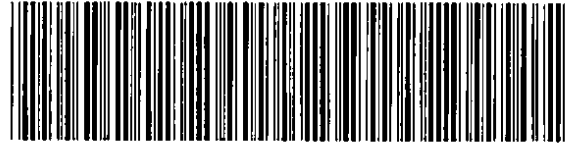
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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Y. SCOTT
SEP 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALBOA TRANSPORTING, LLC
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:

GABRIELA MARTINEZ
Name of Person
BALBOA TRANSPORTING, LLC
Firm/Company
611 SE 13TH STREET APT 302
Address
DANIA BEACH FL 33004
City/State and Zip Code
balboamoving@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GABRIELA MARTINEZ
786 832-8277
at ()
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)
\$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
AUG 09 2023

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

BALBOA TRANSPORTING 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 10/31/2016 and assigned Florida document number L16000200529.

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:

1920 E HALLANDALE BEACH BLVD, STE 607

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

1920 E HALLANDALE BEACH BLVD, STE 607

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL 33009

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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:

GABRIELA MARTINEZ

New Registered Office Address:

1920 E HALLANDALE BEACH BLVD, STE 607

Enter Florida street address

HALLANDALE BEACH

City

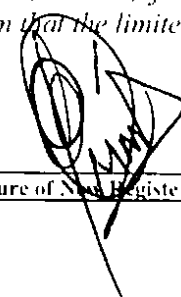
Florida

33009

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 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>	<u>Address</u>	<u>Type of Action</u>
CEO	FUENTES AGUSTIN FEDERICO	611 SE 13 TH STREET APT 302	<input type="checkbox"/> Add
		DANIA BEACH , FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	GABRIELA MARTINEZ	1920 E HALLANDALE BEACH BLVD, STE 607	<input type="checkbox"/> Add
		HALLANDALE BEACH , FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	DILIANA MARTINEZ	1920 E HALLANDALE BEACH BLVD, STE 607	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

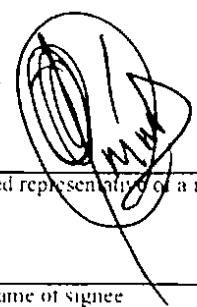
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 07/12/2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 12 2023



Signature of a member or authorized representative of a member
GABRIELA MARTINEZ
Typed or printed name of signer

Filing Fee: \$25.00