## L20000023652

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TQ:

TG:	Registration Se Division of Cor			
etid ie:	Toimil Trai	nsport LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	20
The enc	losed Articles of	Amendment and fee(s) are sub	unitted for filing	2016
		ondence concerning this matter	_	•
		Michael Toimil		
			Name of Person	
		Toimil Transport LLC		
			Firm/Company	<del></del>
		11760 sw 112 avenue rd		
			Address	
		miami, fl 33176		
			City/State and Zip Code	
		toimiltrucker@yahoo.com		
For furt	her information c	oncerning this matter, please c	to be used for future annual report noti all:	ncaion)
	Toimil		786 683 <b>649</b> 8	
Name of Person		f Person	at () Area Code Daytim	E Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	Street Address: Registration See Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

20 FCB -6 PM 1. 0780 Toimil Transport 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 January 16, 2020 Florida document number L20000023652 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

f 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Yaremys Cruz	15694 sw 18 ln, miami, florida 33185	□ Add
			<b>=</b> Remove
			□Change
			□Add
			□Remove
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<del></del>			□ Add
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		<del> </del>	□ <b>Rem</b> ove
			□Change

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neffect <u>ete:</u> If	February 2nd, of 2020  (optional)  tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.
	ebruary 2nd, of 2020
ed	ebruary 2nd, of 2020
ted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00