

L2U 000 246268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

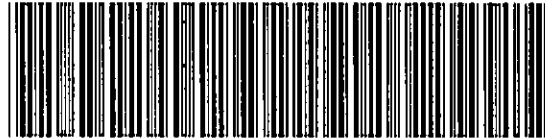
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300354118153

10/26/20--01016--006 **25.00

2020 OCT 26 PM 4: 17
STATE OF FLORIDA
SECRETARY OF STATE

WS
12/5/20

TRANERY LLC

14234 SW 289TH TERRACE, HOMESTEAD, FL 33033. PH 786 251 4040 – 305 395 5824
FAX 305 675 3136 – tranery@firstcargo.us

REF:

TRANERY LLC
FLORIDA DOCUMENT NUMBER: L20000246268

2009 OCT 26 PM 4:17
FILED

Dear Sirs:

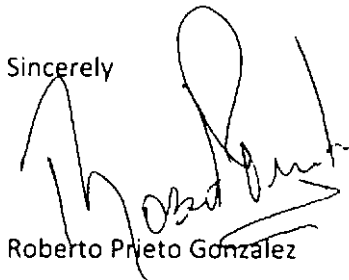
We need to add a Manager in our LLC as per the following information

- Title: **MANAGER**
- Full Name: **LUIS EDUARDO MUGICA**
- Address: **14234 SW 289th Terrace, Homestead, FL 33033**

We attaching check # 1423 for \$ 25.00 that corresponds for the Filling Fee.

Please feel free to contact me anytime if you need more information

Sincerely



Roberto Prieto González

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRANERY 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:

LUIS EDUARDO MUGICA
Name of Person
TRANERY LLC
Firm/Company
14234 SW 289TH TERRACE
Address
HOMESTEAD, FL 33033
City/State and Zip Code
usa@firstcargo.us
E-mail address: (to be used for future annual report notification)

2008 OCT 26 PM 4:17
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LUIS EDUARDO MUGICA at (305) 395 5824
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

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

TRANERY 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 AUGUST 12, 2020 and assigned Florida document number L20000246268.

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

_____ **Florida** _____

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

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>
MGR	LUIS EDUARDO MUGICA	14234 SW 289TH TERRACE, HOMESTEAD, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO E PRIETO GONZALE	14234 SW 289TH TERRACE, HOMESTEAD, FL	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERTO PRIETO GONZALEZ	14234 SW 289TH TERRACE, HOMESTEAD, FL	<input checked="" type="checkbox"/> Add
			<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

2023 OCT 26 PM 4:17

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

THE MANAGER NAME OF ROBERTO E PRIETO GONZALEZ. MUST BE CHANGED TO:

ROBERTO PRIETO GONZALEZ

REC OCT 25 PM 4:17

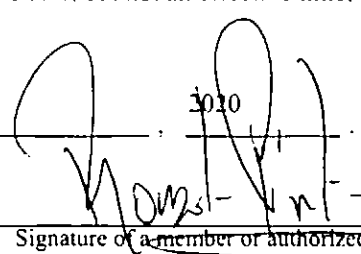
E. Effective date, if other than the date of filing: _____ (optional)

(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 OCTOBER 20,

2010


Signature of a member or authorized representative of a member

ROBERTO PRIETO GONZALEZ

Typed or printed name of signee