

L140000076938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

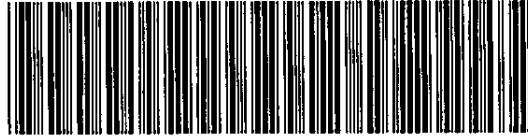
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anibel Trucking 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:

Alfredo Vizcarrondo

Name of Person

Anibel Trucking LLC.

Firm/Company

10305 NW 41st St Suite 215

Address

Doral Fl 33178

City/State and Zip Code

a.vizcarrondo@pwcargo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo Vizcarrondo

305 4771266

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Anibel Trucking LLC.

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

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The Articles of Organization for this Limited Liability Company were filed on 05/12/2014 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:

NATIONS TRANSPORTATION LLC.

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:

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

(Mailing address MAY BE A POST OFFICE BOX)

DORAL FL, 33166

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:

ALFREDO VIZCARRONDO

New Registered Office Address:

10305 NW 41ST ST SUITE 215

Enter Florida street address

DORAL

City

Florida

33178

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>
P	GARCIA, EMILIO MANUEL		<input type="checkbox"/> Add
		1863 SW 152TH PATH MIAMI FL 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOPEZ, LEONARDO	8330 NW 56TH ST MIAMI FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.

E. Effective date, if other than the date of filing: 11/9/2015 (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 11/9/2015

Handwritten signature of Leonardo Lopez

Signature of a member or authorized representative of a member

Leonardo Lopez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA