15000210934

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECULIABLY OF STATE
TALL ARMSSEF FLORIDA

NIGOS 2016 J. HARRIS

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	TRANSPO	RTE MANZANO LLC		
SUBJECT.		Name of Lim	ited Liability Company	A
***			to te en	
The enclosed	1 Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARIO CAMPOS		
			Name of Person	
			Firm/Company	
		1514 SW 194 TERR	Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: CAMPOS Name of Person Firm/Company 7 194 TERR Address OKE PINES, FL 33029 City/State and Zip Code OSSR@AOL.COM E-mail address: (to be used for future annual report notification) s matter, please call:	
			Address	
		PEMBROKE PINES, FL	33029	
			City/State and Zip Code	
		MCAMPOSSR@AOL.CO	М	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
MARIO CA	MPOS		954 292-8778 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Pastandia	- alaadi Gamat	o Sallanina amanut		
		ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
•				

MAILING ADDRESS:

TO:

Registration Section

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

TRANSPORTE MANZANO LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	12/21/2015 and assigned
Florida document number 115000210934.	
his 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	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	70 =
	25 8
Enter new mailing address, if applicable:	71
Mailing address MAY BE A POST OFFICE BOX)	ET ST. 1.2.
	>
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
egistered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, Florida
Ciţv	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>	Address	Type of Action
MGR.	CARMEN MARYDITH ESVANY	2235 NE 42ND AVE. HOMESTE/	= Add
			□ Remove
			☐ Change
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Page 2 of 3		

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