## L2000101504

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C. GOLDEN AUG 2 1 2020

## **COVER LETTER**

ľO:	Registration Secti Division of Corpo				
SUBJE	CT:	on Transpo	mited Liability Company		
		Name of 1.	иниса <i>илан</i> иу сопрану		
The end	closed Articles of An	nendment and fee(s) are so	abmitted for filing.		
Please r	eturn all correspond	ence concerning this matte	er to the following:		
		Juan	Carlos K	Zwera	·
			Firm/Company		····
		1577	W Crosbo	am cir	(
		Cassell		32707	
		UesJo E-mail address	<b>^</b> .	report notification)	
or furt	her information con	cerning this matter, please	call:		
	JUAN Name of P	C Rivera	at ( <u>467</u> ) <u>Area Code</u>	501 – 93 Daytime Telepho	32 ne Number
Enclose	ed is a check for the	following amount:			
₩ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy cadditional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	ction	Street Ac	Idress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

'TO:

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

407 Transpor	t LLC	2323 417 21 PH 3: 44
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records i outed Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>(6/11/20</u> (4	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	···
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>enter th</u>	te name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	E 17	
	Enter Florida street address	
·	, Flor	ida Zw 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.

1) amending Authorized verson(s) authorized to manage, enter the title, name, and address of each person being added . Or removed from our records:

MAR = "Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR.	Diana Rivera	1527 w Crossboam ci	<u>Y</u> □Add
		Casselberry, 71 32705.	) Kemove
			[] Change
MGR Juan C Zu	Juan C Zivera	1527 w Crossbyam a	Nobo XX
		(asselberry, Fl 3270	] □Remove
			Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			Change

), II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an e <u>Note:</u>	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	8-21 7020
	Signature of a member or authorized representative of a member
	JUAN CONTOS RIVERA  Typed or printed name of signee

Filing Fee: \$25.00