Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000343790 3)))



H200003437903ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: DOCUMENT PLANET INC Account Name

Account Number : I20180000095 : (305)510-3848 Phone Fax Number : (786)789-2416

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. INFO@DOCUMENTPLANETING.COM

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 305 TRANSPORTATION SERVICES LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 1 3 2020

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: 305 TRANSPORTATION SERVICES LI	uc			
Enter new principal office address, if applicable:	10006 SW 76TH A VE			
Principal office address	MIAMI FL 33157			
MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	19006 SW 76TH AVE			
(<u>Mailing address</u> MAY BE A POST OFFICE BOX)	MIAMI, FL 33157	20 OCT 12		
		CT 12 AH II: 03		
2. The Florida document number of this limited li	ability company is: M18000002113	= = = = = = = = = = = = = = = = = = = =		
3. Jurisdiction of its organization: DELAWARE		ري 		
4. Date authorized to do business in Florida: 03/0				
SECTION II (5-9 complete only the applicable	changes)			
 New name of the limited liability company:	st contain "Limited Liability Comp	any, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	anaging members adopting the after	siness in Florida and attach a rnate name. The alternate name		
 If amending the registered agent and/or register registered agent and/or the new registered office a 		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address	Enter Florida S	Street Address		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the propei and accept the obligations of my position as regis document is being filed to merely reflect a change	ent and agree to act in this capacity r and complete performance of my stered agent as provided for in Cha	duties, and I am familiar with		

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Fitle/ Capacity	<u>Name</u>	Address	Type of Action			
			□Add			
			□Remove			
			□Add			
			□Remove			
			□Add			
			□Remove			
			DAdd			
			□Remov			
			□Add			
aforementioned an	the law of which this entity is org	by the official having custody of records	□Remove in the			

Filing Fee: \$25.00