L040000 37141

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Only State Ziph Holic #)
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COVER LETTER

TO:		gistration Sec ision of Corp			4
^4	,		UEL TRANSPORT LLC	*	· 4
SUBJ	ECT:		Name of Limi	ted Liability Company	
The en	iclosec	I Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please	return	all correspor	ndence concerning this matter	to the following:	
			GILBERTO GARAY		
			LIBERTY FUEL TRANSPO	Name of Person RT LLC	
			488 NE 18TH ST UNIT 300	Firm/Company	
			MIAMI FL 33132	Address	
			LIBERTYFUELT@GMAIL.C	City/State and Zip Code OM	
			E-mail address: (t	o be used for future annual report noti	lication)
For fu	rther ii	nformation co	incerning this matter, please ca	H:	
GILBI	ERTO	GARAY		305 9607005 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a	a check for the	e following amount:		
≡ \$2	25.00 F	iling 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 tadditional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

*ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBERTY	FUEL	TRANSPORT 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 L. Florida document number L04000037141		were filed on	4	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	ords "Limited Liabil	ity Company," the designation	n "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	488 NE 18TH ST UNIT	Т 3000	-
(Principal office address MUST BE A STREE	MIAMI, FL 33132			
	<u></u>		3 -	PR 71
Enter new mailing address, if applicable:	PO BOX 557066	() () () () () () () () () ()	22 21	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33132		<u></u> ق
		E	ं ज	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ecords, <u>enter the</u>	name of the nev
Name Barristana d Office Address 488 NE		ST UNIT 3000		
New Registered Office Address:		Enter Florida street	address	
	MIAMI		Florida	
		City		Lip Code
New Registered Agent's Signature, if changing I	Registered Agent:			

vew 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 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>	Type of Action
			D Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	APRIL 17 2019 Signature of a member
	GILBERTO GARAY Typed or printed name of signee

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Filing Fee: \$25.00