

**L07000087786**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

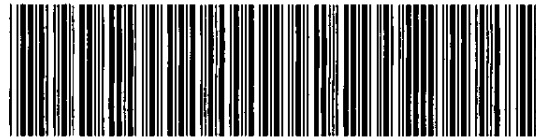
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2009 FEB -9 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**C. LEWIS**  
FEB 10 2009  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEGA TRANSPORTATION GROUP 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:

YOVANNI ABREU

(Name of Person)

(Firm/Company)

2615 Sunbury st

(Address)

Orlando, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

YOVANNI ABREU

(Name of Person)

at ( 407 ) 251-8080

(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**

FILED

2009 FEB -9 PM 4:06

Mega Transportation Group LLC

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

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08-27-2007 and assigned  
Florida document number 107000087786.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CARIBBEAN SERVICE GROUP LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2615 Sunbury st

Orlando, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 620995

Orlando, FL 32862-0995

**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: Yovanni Abreu

New Registered Office Address: 2615 Sunbury st

*(Enter Florida street address)*

Orlando, Florida 32837

*(City)*

*(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 608, 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)

2009-02-08 20:12:21 (GMT)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member.

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MNG	YOVANNI ABREU	2615 Sunbury st Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February, 05, 2009

Signature of a member or authorized representative of a member

Yovanni Abreu

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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