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## **COVER LETTER**

Division of Cor			
LLG Enter	prise LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luisa L Granados		
		Name of Person	
	LLG Enterprise LLC		
		Firm/Company	<del></del>
	127 Crossbryn Court		
		Address	
	Orlando, FL 32807		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	llgenterprise67@gmail.com	to be used for future annual report notif	teathan)
For further information c	oncerning this matter, please ca		(Cation)
Luisa L. Granados		407 8441217	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

LLG Transport LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/24/2008	and assigned
Florida document number L08000108958		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
LLG Enterprise LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	127 Crossbryn Ct	
Principal office address MUST BE A STREET ADDRES.		
	Orlando, FL 32807	<del>*************************************</del>
		EG T
Enter new mailing address, if applicable:		<b>美型 68 </b>
Mailing address MAY BE A POST OFFICE BOX)		Z6 SSE
		119 P D
		G
3. If amending the registered agent and/or registere		ter The hame of the
egistered agent and/or the new registered office address	<u>here</u> :	,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zin 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 charge 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>	<u>Address</u>	Type of Action
AMBR Roberto Platero-Gallegos	127 Crossbryn Ct		
		■ Remove	
	Orlando, Fl 32807	□ Change	
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Effective date, if other than the	date of filing:	(optional)
f an effective date is listed, the date mus <b>Note:</b> If the date inserted in this blo	at be specific and cannot be prior to date of ock does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0207 (3 atory filing requirements, this date will not be listed as the
locument's effective date on the D		many ming requirements; this date min not be insied as in
e record specifies a delayed	d effective date, but not an eff	ective time, at 12:01 a.m. on the earlier of:
The 90th day after the rec		
P. (*	2010	
Pated February 15	2018	
	110	
	Tommer your	
	Signature of a thember or authorized hop	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00