

208000112852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

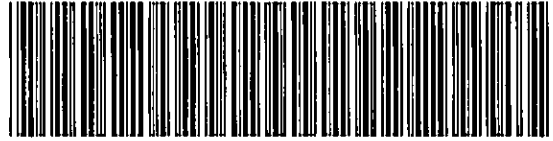
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700318414417

Filing cancelled
due to returned check

09/20/18--01018--002 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 20 AM 6:41

COVER LETTER

TO: Registration Section
Division of Corporations

Filing cancelled
due to returned check

SUBJECT: AIRPORT TRANS TOURS, 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:

WILMER SILVA

Name of Person

AIRPORT TRANS TOURS, LLC

Firm/Company

1801 SOUTH TREASURE DRIVE APT.#324

Address

NORTH BAY VILLAGE, FLORIDA 33141

City/State and Zip Code

WSILVAMAZZONE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILMER SILVA

786

286-9429

at (_____) _____

Name of Person

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**

Filing cancelled
due to returned check

AIRPORT TRANS TOURS, 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 Liability Company were filed on 12/10/2008 and assigned
Florida document number L08000112852.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

N/A

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida N/A

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 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.

N/A

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

Filing cancelled
due to returned check

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADOLFO SARMIENTO	400 KINGS POINT DRIVE APT#1520 SUNNY ISLES BEACH, FLORIDA 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HORTENCIA CABARCAS	12313 NW 11TH STREET MIAMI, FLORIDA 33182	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILMER SILVA	1801 SOUTH TREASURE DRIVE APT#324 NORTH BAY VILLAGE FLORIDA 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RICARDO VEAS	15981 SW 20TH STREET MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
NO OTHER CHANGES OTHER THAN THE ONES LISTED IN THIS FORM

Filing cancelled
due to returned check

N/A

18 SEP 20 AM 6:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N/A

E. Effective date, if other than the date of filing: _____ (optional)

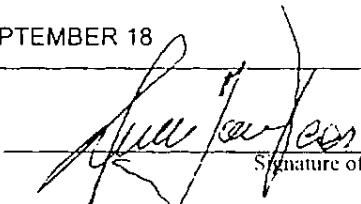
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 18, 2018



Signature of a member or authorized representative of a member

RICARDO VEAS

Typed or printed name of signee