L09000055592

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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BIVISION OF COTTON

J. HARRIS

COVER LETTER

TO:	Registration Section
	Division of Corporations

E TRANSPORT MIAMI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

RODOLFO ALVAREZ	
Name of Person	
Firm/Company	
14350 NW 56th COURT #100	
Address	
MIAMI, FLORIDA 33054	
City/State and Zip Code R Alvare 2 O ACE Trans port mism? Con Firmal address: (to be used for fitture amount report notification)	2,

For further information concerning this matter, please call:

RODOLFO ALVAREZ

Name of Person

Enclosed is a check for the following amount:

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enc-osed) □ \$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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE TRANSPORT MIAMI LLC

company has been notified in writing of this change.

(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)		
The Articles of Organization for this Limited L Florida document number L0900005559		d on 06/09/2009	and assign	ned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liability com	pany here:		
The new name must be distinguishable and end with the	words "Limited Liability Comp	any." the designation "LLA" or the	abbreviation 1L	.C."
Enter new principal offices address, if applied				9:V3
(Principal office address MUST BE A STREET ADDRESS)				250 250 250 250 250 250 250 250 250 250
Enter new mailing address, if applicable:			P	100 mg 10
(Mailing address MAY BE A POST OFFICE		ా. తు_ ఁం	32	
B. If amending the registered agent and registered agent and/or the new registered o		ress on our records, enter	the name of	the no
Name of New Registered Agent:	RODOLFO ALV	AREZ		
New Registered Office Address:	T. F. F. F. W. 117 - T. W. T.	COURT SUITE# 100)	
		Emer Florida street address		
·	MIAMI	Florida 33	3054	
New Registered Agent's Signature, if changing	•		ърг ош	
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agree to act			

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 begin confirm that the limited liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Title** Name Address 14350 NW 56 Ct #100 **MGR** Ernesto Gonzalez Abreu □ Add Miami, FL 33054 Remove Rodolfo Alvarez 14350 NW 56 Ct #100 MGR Miami, FL 33054 ☐ Remove



'f amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated MAY 30 2014	
Signature of a member or authorized represe RODOLFO ALVAREZ	ntaive of a member
Typed or printed name of si	gnee

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Filing Fee: \$25.00

BINISION OF CHATCH

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