

L10000020140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

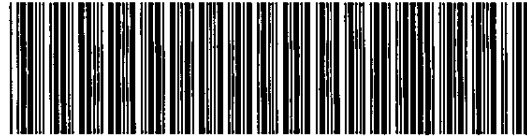
(Business Entity Name)

(Document Number)

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14 JAN 10 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 17 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Merlin Bus 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:

Raul Galeano  
Name of Person

Merlin Bus LLC  
Firm/Company

8630 NW 5<sup>th</sup> Terrace #101  
Address

Miami, FL 33126  
City/State and Zip Code

rgaleano@merlinbus.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Galeano at (305) 269-1184  
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

FILED  
14 JAN 10 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Merlin Bus 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 2/23/2010 and assigned  
Florida document number L10000020140.

This amendment is submitted to amend the following:

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

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)

8630 NW 5<sup>th</sup> Terrace  
# 101  
Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8630 NW 5<sup>th</sup> Terrace  
# 101  
Miami, FL 33126

**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:

Nestor Galeano

New Registered Office Address:

8630 NW 5<sup>th</sup> Terrace #101

Enter Florida street address

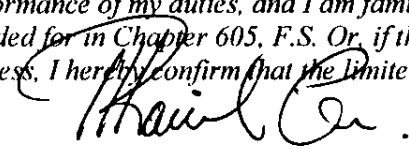
Miami  
City

, Florida

33126  
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.



If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Ada Y Garcia	10700 NW 7 <sup>th</sup> St #3	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
Ambr	Katherine Galeano	8630 NW 5 <sup>th</sup> Terrace	<input checked="" type="checkbox"/> Add
		# 101	<input type="checkbox"/> Remove
		Miami, FL 33126	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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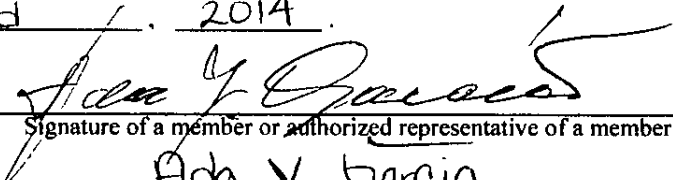
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

We notice that the name of Ada Y Garcia  
appears 5 times (see attached) we need to  
remove all those items and Add her only once  
as specified on page 2.

**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 more than 90 days after filing.) (605.0207 (3)(b))*

Dated January 2nd, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ada Y Garcia

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**