

#L10000081509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

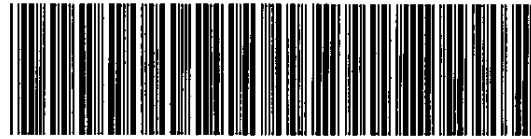
(Business Entity Name)

(Document Number)

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06/13/14--01023--023 **35.00

FILED
2014 JUN 13 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 25 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEGA USA TRANSPORTATION, 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:

RENAN MESQUITA

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Firm/Company

8615 COMMODITY CIR STE 06

Address

ORLANDO, FL 32819

City/State and Zip Code

finances@larsonacc.com

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

For further information concerning this matter, please call:

RENAN M MESQUITA

Name of Person

at **407 3703686**

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

MEGA USA TRANSPORTATION, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/04/2010 and assigned
Florida document number L10000081509.

This amendment is submitted to amend the following:

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

RUN GO CATERING, 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)

7588 TOSCANA BLVD

UNIT 422

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7588 TOSCANA BLVD

UNIT 422

ORLANDO, FL 32819

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

If attending 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

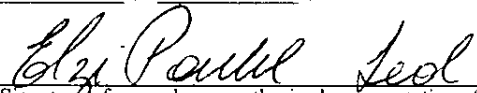
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAULLINE OTTERO RODRIGUES	7588 TOSCANA BLVD	<input checked="" type="checkbox"/> Add
		UNIT 422	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	
AMBR	ELZI POUBEL LEAL	7651 ASHLEY PARK CT	<input type="checkbox"/> Add
		SUITE 408	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	
AMBR	ELZI VIEIRA POUBEL	7588 TOSCANA BLVD	<input checked="" type="checkbox"/> Add
		UNIT 422	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9th 2014



Signature of a member or authorized representative of a member

ELZI POUBEL LEAL

Typed or printed name of signee