# 40000096345

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

EFFECTIVE DATE 03/01/15



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MAR 1 1 2015 D. BRUCE

# **COVER LETTER**

Div	ision of Corpo	rations					
SUBJECT:	48 STATE	S TRANSPORT LLC					
SUBJECT:		Name of Limit	ed Liability Company		<del></del>		
The enclosed	l Articles of Ar	mendment and fee(s) are subm	nitted for filing.				
Please return	all correspond	ence concerning this matter t	o the following:				
		CARLOS PARRA					
Name of Person							
		48 STATES TRANSF	PORT LLC				
			Firm/Company				
820 W LANDSTREET RD							
Address							
		ORLANDO, FL 3282	4				
			City/State and Zip Co		——————————————————————————————————————	. 🔈	
		STATESTRANSPOR	-	Mual report notification)			_
For further in	nformation con-	cerning this matter, please ca		nual report notification)	in Asia	FE8 2	
CARLOS	J. PARRA		407	749-6420	يان در در در در در	7 7	
	Name of P	erson	Area Code	Daytime Telepho	one Number 0818	PH 4: 06	rape of
Enclosed is a	check for the	following amount:					
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	,	1 \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed		

### MAILING ADDRESS:

TO:

**Registration Section** 

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

## **48 STATES TRANSPORT 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 Liabil	ity Company were filed on SEPTEMBER 15, 20	010 and assigned
Florida document number L10000096345		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the word	s "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 A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter address here:	the name of the new
		Bu Na
Name of New Registered Agent:		
Nam Panigtarad Office Address		
New Registered Office Address:	Enter Florida street address	SSS S
	, Florida	# 5 m
_	City	Bip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	8
provisions of all statutes relative to the proper a accept the obligations of my position as registered	gent and agree to act in this capacity. I further ag nd complete performance of my duties, and I am j ed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lir	ree to comply with the familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

EFFECTIVE DATE 03/01/15

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GUEVARA, FREDDY F.	1180 AQUA LANAE	Add
		CLERMONT, FL 34711	Remove
			□ Remove
			□ Remove
		<del></del>	☐ Remove
			2015 FEB 27 Pt 4: 06
			TEREME TO CONTROL OF THE CONTROL OF
			□ Add
			□ Remove

D. ·	f amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
	AL TRACTOR .	
	Effective date, if other than the date of filing:	(optional)
(	he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	nan 90 days after
	Dated FEBRUARY, 26 2015	
	afrika	
	Signature of a member or authorized representative of a mer	nber
	CARLOS PARRA (MGRM)	
	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00

