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SECRETARY OF STATE

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J. BRYAN

DEC - 4 2012

EXAMINER

COVER LETTER

Division of Corpor		•	n .
SUBJECT: FF	T TRANSPORT	LLC	
		ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	CARLOS I	GNACIO CALCAGNO Name of Person	
		RANSPORT LLC Firm/Company	
	360.10- (Down H 400	
	2307 180	DRIVE # 406 Address	
		Bch FC 33160. City/State and Zip Code	THILLAHASSEE, FLORIO
			10 L
	FFT_Transport E-mail address: (t	o be used for future annual report notification	
	cerning this matter, please c	_	7107
			77.0
YAMA CALAGN Name of P		at (305) 974 - 4545 Area Code & Daytime Te	lenhone Number
Ivanic of I	orson	Their court of Daysinio To	repriorio rumbor
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



		1.12
(Name of the Limited Liability Compar (A Florida Limited L		2:31
(Name of the Limited Liability Compar	y as it now appears on our records.)	
(A Florida Limited L	iability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 12/15/2010	and assigned
Florida document number <u>27426 4057</u> . LI 0000 12 8023		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	250- 180 DRIVE \$406	
(Principal office address MUST BE A STREET ADDRESS)	250- 180 DRIVE #406 Sunny Isks Beh, FR	B3160
Enter new mailing address, if applicable:	<u>5075</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of Nav Begintered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	· · · · · · · · · · · · · · · · · · ·
	Enter r tortaa street aad	uess
	, Florida	Zip Code
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** GARBIN VANINA 7300 NW 77 ST MURM Remove Remove Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach adattional sheets, if necessary.)
•	New FAY 305-749-6568_
	Please Remove to USNINA SlegANDED GALBIN
	Pregse Remove to USNINA SlegaNDED GARBINI And the ADDRESS 7300 NW 77 st Medley, FR
	33166
Dated _	,,
	Colo Class
	Signature of a member or authorized representative of a member
	CARLOS OSCCAGNO
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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