

L11000058446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

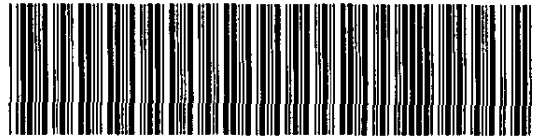
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 SEP 27 AM 8:17
MAIL ROOM

J. SAULSBERRY
EXAMINER
OCT 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMZ Transport 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:

Manuel Gimaldo.
Name of Person

Firm/Company

330 W. Sugarland Hwy. Unit #5
Address

Clewiston, FL 33440
City/State and Zip Code

EMZ transport@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Manuel Gimaldo at (786) 3684376.
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EMZ TranscoA 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 05-18-2011 and assigned
Florida document number 111000058446.

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)

330 W Sugarland Hwy unit #5.
Clewiston, FL - 33440.

• **Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

330 W Sugarland Hwy unit #5.
Clewiston, FL - 33440.

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 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

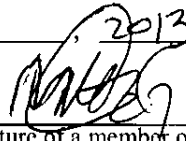
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Martha Gimballo	9024 W Flagler St # 9	<input checked="" type="checkbox"/> Add
		Miami, FL, 33174.	<input type="checkbox"/> Remove
MGR	Clara Gimballo	9024 W Flagler St # 9	<input checked="" type="checkbox"/> Add
		Miami, FL - 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated Sep. 20, 2013.



Signature of a member or authorized representative of a member

Manuel Grimaldo.

Typed or printed name of signee

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Filing Fee: \$25.00

2013 SEP 27 AM 2:27
CLERK OF COURT
CLERK OF COURT