

2011/SEP/19/ MON 16:43
Division of Corporations

KV CARRIER INSURANCE

FAX No. 305-668-6575

P.001
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L11000068858

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KV CARRIER SERVICES, INC.
Account Number : I20080000029
Phone : (305) 883-6262
Fax Number : (305) 883-6605

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRANSPORT WAVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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J. BRYAN

SEP 20 2011

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KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPORT WAVE 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:

KVC SERVICES LLC

Name of Person

KVC SERVICES LLC

Firm/Company

11790 NW S RIVER DR

Address

MEDLEY, FL 33178

City/State and Zip Code

KVCARRIERSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

ZOELYN IGLESIAS

Name of Person

at (305)

883-6262

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

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KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 004

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRANSPORT WAVE 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 06/13/2011 and assigned
Florida document number L11000068858

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" on the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

FLORENTINO GAZQUEZ

New Registered Office Address:

430 NW 52 ST

Enter Florida street address

FT LAUDERDALE

Florida

33309

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

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KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 005

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	Alfonso, Fidel	430 NW 52 ST FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gazquez, Florentino	430 NW 52 ST FORT LAUDERDALE FL 33309	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 19 September, 2011

[Signature]
Signature of a member or authorized representative of a member

FIDEL ALFONSO MARTIN

Typed or printed name of signee

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Filing Fee: \$25.00

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