11000069421

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**303 AUG 27 AM 9: 37

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Name of Limite	TRANSPOR+	LLC	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
÷	IIsis 7	ACDS+CA Name of Person		
	Duick C	OD TRANSPOR	5+77C	
	1275 N 47+	n PL Suite	#322	
	Hialeah	FL 33D12. City/State and Zip Code		
	E-mail address: (to	be used for future annual report notification	on)	
For further information cor	ncerning this matter, please ca	ıll:		
IIISIS A	CD S-IA Person	at (305) 364 - 87 Area Code & Daytime Te	D33 Jephone 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	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVEL ALD FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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(A Florida Lii	SECRETARY A STATE TALLAHASSEE. H.ORIDA Company as it now abpears on our records.) Imited Liability Company)
The Articles of Organization for this Limited Liability ConFlorida document number 11000069421	empany were filed on 6/4/2011 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	Ess) 1275 W 47 PL Steff 327 Hialeah FL 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Quick Cool Transport II (1275 N 47 PL Ste#322 Hialeah FL 33012.
B. If amending the registered agent and/or registe registered agent and/or the new registered office addresses.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent: New Registered Office Address: 127	Elsis Acosta 5 N 47 PL Ste#327 Enter Florida street address -ialeah , Florida 33012 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 Title **Type of Action** Name **Address** Jose Zaldivar Jose Zaldivar MGR LOTT NW 131 AVE Remove Miami FL 33182 MGR Ilsis Acosta " Hialpah FL 33012 Remove Remove Remove Remove

D. If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated 109U	1st 21, 2013.
<i>J</i>	Leinh
	Signature of a member or authorized representative of a member
	Ilsis Y. Acosta.
,	Typed or printed name of signee
;	Page 3 of 3

Filing Fee: \$25.00