

L12000054559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 17 2014

T. HAMPTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **TRANS GLOBAL TRUCKING 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:

IRAKZU LEYVA

Name of Person

THE ELITE CARRIER SERVICES OF MIAMI

Firm/Company

11790 NW SOUTH RIVER DR

Address

MEDLEY , FL 33178

City/State and Zip Code

ILEYVA@ELITECSOM.COM

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

For further information concerning this matter, please call:

IRAKZU LEYVA

Name of Person

at **305 405-2600**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRANS GLOBAL TRUCKING 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 04/23/2012
Florida document number L12000054559

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)

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:

THE ELITE CARRIER SERVICES OF MIAMI

New Registered Office Address:

11790 NW S RIVER DR

Enter Florida street address

MEDLEY

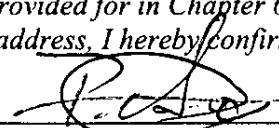
City

, Florida 33178

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 605, 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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Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AGUSTIN LOPEZ	728 HUDSON VALLEY DR	☐ Add
		KISSIMMEE, FL 34759	☒ Remove
MGR	JESUS MEDINA	1434 MELADY AVE	☐ Add
		SEBRING, FL 33870	☒ Remove
MGR	CARLOS HERRERA	5750 COLLINS AVE APT 14A	☒ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/01/2014, FL

Agustin Lopez

Signature of a member or authorized representative of a member

AGUSTIN LOPEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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