1200/08288

(Re	equestor's Name)			
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EXAMINER



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SECKETARY OF STATE
VALUATASSEF, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	MAYORAL	TRANSPORT LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing:				
Please return all correspo	ndence concerning this matter	to the following:				
		. =				
	CAROLINA MAYORAL					
		Name of Person				
	MAYO	DRAL TRANSPO	ORT LLC			
	Firm/Company					
	2650 NW HATCHES HARBOR RD #104					
	Address					
	DOI:	OT STILLIGHT EL 24092				
	POR	RT ST LUCIE, FL 34983 City/State and Zip Code				
	cardisa	•	il com			
	E-mail address: (t	o be used for future annual report n	otification)			
For further information co	oncerning this matter, please c	all:				
CAROL	INA MAYORAL	at (305)	240-8416			
Name of Person			/time Telephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registra	NG ADDRESS: ation Section of Corporations ox 6327	STREET/COU Registration Se Division of Con Clifton Buildin	rporations			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYORAL TRA	NSPORT LI	_C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	08/23/2012	and assigned	
Florida document number L12000108288				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Comp	any," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	CAROLINA MAYORAL			
(Principal office address MUST BE A STREET ADDRESS)	2650 NW HATCHES HARBOR RD #104			
	PORT ST L	JCIE, FL 34983		
Enter new mailing address, if applicable:		ארנ	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(Mailing address MAY BE A POST OFFICE BOX)				
			E pome	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on	our records, enter	the name of the nev	
registered agent and/or the new registered office address ner	<u>c</u> .	RID,	24	
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street add	lress	
		, 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 **Title** Name Address Type of Action MGRM CAROLINA MAYORAL ☐ Add ☐ Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 29 Signature of a member or authorized representative of a member CAROLINA MAYORAL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00