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COVER LETTER

Division of Co			
SUBJECT:	FRANSPORT LLC		
SUBJECT.	Name of Lin	nited Liability Company	 · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MANUEL ALANIZ		
		Name of Person	
	ALANIZ TRANSPORT L	LC	
		Firm/Company	
	11800 SW 185 ST		
		Address	
	MIAMI FL 33177		
		City/State and Zip Code	
	alaniztransportllc@yahoo.c		//
For further information o	concerning this matter, please c	to be used for future annual report notif	ncation)
MANUEL ALANIZ		510 798-4842 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALANIZ TRANSPORT LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 05/03/2013	and assigned
Florida document number L13000065064		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		1020 0
(Principal office address MUST BE A STREET ADDRESS)		
		3 P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		29
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addres:	\$
. <u></u>	, Flo	orida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
OWNER	ALANIZ MANUEL	11800 SW 185 ST	□Add
		MIAMI. FL 33177	■Remove
			□Change
MGR	ALANIZ MANUEL	11800 SW 185 ST	= Add
		MIAMI, FL 33177	□Remove
			□Change
MANAG	PEREZ, GRETTCHEN	11800 SW 185 ST	□Add
		PO BOX 770006	≣Remove
		MIAMI, FL 33177	Change
AMBR	PEREZ, GRETTCHEN	11800 SW 185 ST	■Add
		PO BOX 770006	□Remove
		MIAMI, FL 33177	□Change
			□Remove
			□ Change
			□Add
			□Remove
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te:	ve date, if other than the date of filing: 10/14/2020 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the content's effective date on the Department of State's records.
core s file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
(OCTOBER 14 2020
ed '	
ed _	he he
ted _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00