

L14000045049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

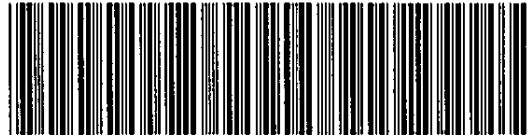
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 SEP -2 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015
J BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

LEANNY GARCIA
4123 E BUSCH BLVD APT 5
TAMPA, FL 33617

SUBJECT: Y & P TRANSPORT LLC
Ref. Number: L14000045049

We have received your document for Y & P TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 815A0001258

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y & P Transport 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:

David Arronte
Name of Person

Y & P Transport LLC
Firm/Company

10967 Lake Underhill Rd ST 111
Address

Orlando FL 32825
City/State and Zip Code

taimy@gandiainsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Arronte
Name of Person

at (407) 412-6922
Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

2015 SEP -2 A 9:00

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
(paid already)

☐ \$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**

Y & P Transport 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 3/18/14 and assigned Florida document number L 14 000045049.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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)

4123 E. Bush Blvd Apt 5
Tampa FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4123 E. Bush Blvd Apt 5
Tampa FL 33617

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:

Leanny Garcia

New Registered Office Address:

4123 E. Bush Blvd

Enter Florida street address

Tampa

City

Florida

State

33617

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

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

Title	Name	Address	Type of Action
MGR	David Arronte	4123 E. Bush Blvd Tampa FL 33617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Leanny Garcia	4123 E. Bush Blvd Tampa FL 33617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Pedro Canal	805 Gaston Foster Rd Orlando FL 32807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Yanosky Rodriguez Perez	805 Gaston Foster Rd Orlando FL 32807	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 2015 SEP 22 AM 9:09
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 TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9/1

2015

Signature of a member or authorized representative of a member

Yanosky Rodriguez
Typed or printed name of signee

Typed or printed name of signee

15 SEP -2 A 9 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEED