114000056386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consider the Association of Considering
Special instructions to Filing Oπicer:





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September 9, 2016

MIGUEL ALVAREZ 3138 TWISTED OAK LOOP KISSIMMEE, FL 34744

SUBJECT: ORLANDO MIAMI TRANSPORT LLC

Ref. Number: L14000056386

We have received your document for ORLANDO MIAMI TRANSPORT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 116A00019201

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	egistration Se ivision of Cor			
elib lect		MIAMI TRANSPORT LLC		
SUBJECT	:		ited Liability Company	
		Amendment and fee(s) are sub	-	
		MIGUEL ALVAREZ		
		 .	Name of Person	
		<u></u>	Firm/Company	
		3138 TWISTED OAK LO	OP	
			Address	
		KISSIMME FL 34744	City/State and Zip Code	
		ALEX@SUAREZ-BASTE		lection)
For further	information co	oncerning this matter, please co		ication
MIGUEL A	ALVAREZ		786 256-3386 at ()	
	Name of	Person	Area Code Daytime	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 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 ARTICLES OF ORGANIZATION **OF**

ORLANDO MIAMI TRANSPOR			
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L14000056386	iability Company were fil	led on 08/31/16 and assign	ed
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	pany," the designation "LLC" or the abbreviation "L.L.C	39
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	Sec. 1	_
Enter new mailing address, if applicable:	·	200 CRETAIN	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	OF STATE OF STATE	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office add ffice address here:	dress on our records, enter the name of	the new
Name of New Registered Agent:	MIGUEL ALVAREZ		
New Registered Office Address: 3138 TWISTED OAK LOOP Enter Florida street address			
	KISSIMMEE	, Florida 34744	

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.

City

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 rainoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR .	EVA Y GONZALEZ	3138 TWISTED OAK LOOP	
		KISSIMMEE, FL 34744	■ Remove
	<i>.</i>		Change
MGR	MIGUEL ALVAREZ	3138 TWISTED OAK LOOP	∃ Add
		KISSIMMEE, FL 34744	Remove
			Change
			□ Add
 .			Remove
			Change
		_	
			Remove
			Change
· 			Add
			□ Remove
			Change
			F STATE OR Remove
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tive date, if other than the dat	e of filing: 08/31/16		(optional)	
fective date is listed, the date must be s If the date inserted in this block of	specific and cannot be prior	to date of filing or more the	nan 90 days after filing.)	Pursuant to 605,
nent's effective date on the Depart	tment of State's records		amenionis, instate	will not be fisic
cord specifies a delayed eff 90th day after the record	fective date, but no is filed.	t an effective time	, at 12:01 a.m. (on the earlie
·			2016	
AUGUST 31	2016	<u> </u>	कल्लाई उ	
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S. L. L. SCHOLEGISCHER STATE	/	7 1/2 -		

Page 3 of 3

Filing Fee: \$25.00