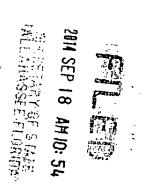
114000005200

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		}
,		
<u> </u>		
مبو .	Office Use Onl	v



700263958417

09/18/14--01014--016 **25.80



SEP 23 2014 J. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SHR IECT.

ARLECE 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:

ALBA E VIVAR

Name of Person

MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

8040 NW 95TH ST STE 106

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBA E VIVAR

_{...}305、822-025

Name of Person

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

ARLECE TRANS			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ears on our records.)	TEX
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000065200</u> .		0.4/0.0/0.04.4	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," th	he designation "LLC" or the abb	previation "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 of registered agent and/or the new registered office address here.		on our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	ilorida street address Florida	13.15.5 V
	City	, rivilua	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		\$ 50 mg
I hereby accept the appointment as registered agent and ag	ree to act in thi	s capacity. I further agre	e to comply with the

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.

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JESUS A BEDOYA MONTOYA	8540 SW 133RD AVE	= Add
		APT 113	□ Remove
		MIAMI, FL 33183	FL 33183
			🗆 Add
			Remove
			
			Add
•			Remove
•			_
			□ Add
			□ Remove
			SEP 18 Add M
			TD Remove
			-
			□ Add
		 	☐ Remove

,	
(inc c	ctive date, if other than the date of filing: 09/11/2014 (optional) flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	d SEPTEMBER 11 2014
	Signature of a member or authorized representative of a member
	ÁNA C SUAREZ

Page 3 of 3

Filing Fee: \$25.00

