# 14000101804

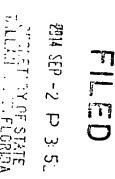
(Re	questor's Name)	
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B. BOSTICK SEP - **3** 2014

### **COVER LETTER**

. , , , , , , , , , , , , , , , , , , ,	
TO: Registration Section Division of Corporations	
SUBJECT: MD 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:	
Varianna Dominguez Name of Person	
DOTAL Carrier Serv.	
11093 nw 138th ST Unit 212	
Hialeah Gardens FL 33018	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vim Rodriguet  at (780) 409-2800  Area Code  Daytime Telephone Number  T	
Enclosed is a check for the following amount:  \$\sum_{\text{\$\subset}} \sum_{\text{\$\subset}} \sum_{\text{\$\subset\}} \sum_{	

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

## ATTENHION: Baibara BUSTICK

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

(Name of the Limited	Liability Company A Florida Limited Liab	as it now appears on our r	records.)		
The Articles of Organization for this Limited Liab Florida document number	bility Company we	re filed on <u>NO</u>	5/14	and assig	med
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabilit	y company here:			
The new name must be distinguishable and end with the we	ords "Limited Liability	Company," the designation	n "LLC" or the ab	obreviation "L.	L.C."
Enter new principal offices address, if applical	_		<del></del>		<del></del>
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>		<u></u>	io 🗕	Ü
Enter new mailing address, if applicable:	-		:	EH - 2 P	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			5 <u>년 뜻</u> 5년 (D	<u> </u>
	-		<u> </u>	3 m 1.	
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our re	cords, <u>enter</u> (	the name o	f the nev
Name of New Registered Agent:	Doming	uea Vario	inna		
New Registered Office Address:	1744 DC	Enter Florida street	- J-l		
	FT. lauc	lerchle City	, Florida	33315 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.

Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma $AMBR = Au$	nnager thorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>146</u>	Dominques Varianma	1749 SW 30TD ST	Add
	J	FT. lauderdale, FL 33315	tt Remove
<u>MG</u>	Dominguet, Varianna	1749 SW 30Th ST	Add
	,	FT. lauderdale   FL 335	Remove
MGR	Dominguez, perez Ramon	1749 Sw 30th St	ta^Add
	Ramon	FT. lauderdale, FL 335	g/> □ Remove
	·		□ Add
		<u> </u>	Remove
		: :	Add I
			E w Ω Remove
			 □ Add
			□ Remove

). If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Th	fective date, if other than the date of filing: (optional) e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)
Da	Manina Domas
	Signature of a member of authorized representative of a member
	<u> Iarianna Dominauez</u>
	Typed or printed name of signee

TY OF STATE

Page 3 of 3

Filing Fee: \$25.00



August 12, 2014

YARIANNA DOMINGUEZ DORAL CARRIER SERV 11093 NW 138TH STREET, UNIT 212 HIALEAH GARDENS, FL 33018

SUBJECT: YMD TRANSPORT, LLC

Ref. Number: L14000101804

We have received your document for YMD TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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.

Barbara Bostick Regulatory Specialist II

ENIN SEP -2 P 3:5

Letter Number: 814A00017320