

L14000101804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. BOSTICK
SEP - 3 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VmD 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

Doral Carrier Serv.
Firm/Company

11093 NW 138TH ST Unit 212
Address

Hiialeah Gardens FL 33018
City/State and Zip Code

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

For further information concerning this matter, please call:

Vimi Rodriguez at (786) 409-2860
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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

ATTENTION: Barbara BOSTICK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YMD 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 06/25/14 and assigned Florida document number L14000101804.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Dominquez, Yarianna

New Registered Office Address:

1749 SW 30th ST

Enter Florida street address

FT. LAUDERDALE

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.

Yarianna Dominquez
If 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dominguez, Varianna	1749 SW 30th ST	<input type="checkbox"/> Add
		FT. lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
MGR	Dominguez, Varianna	1749 SW 30th ST	<input checked="" type="checkbox"/> Add
		FT. lauderdale, FL 33315	<input type="checkbox"/> Remove
MGR	Dominguez, perez Ramon	1749 SW 30th ST	<input checked="" type="checkbox"/> Add
		FT. lauderdale, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 06, 2014

Varianna Dominguez
Signature of a member or authorized representative of a member

Varianna Dominguez
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

Letter Number: 814A00017320

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CORPORATIONS
TALLAHASSEE, FLORIDA