1400132417

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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O Star John



September 17, 2018

MONICA GUTIERREZ 843 FALLING WATER ROAD WESTON, FL 33326

SUBJECT: STEINHART TRANSPORTATION LLC

Ref. Number: L14000132417

We have received your document for STEINHART TRANSPORTATION 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):

Please indicate the type of action to be taken for Monica M. Gutierrez.

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 Corporate Records Supervisor

Letter Number: 818A00019350%

COVER LETTER

TO: Registration S Division of Co				`
STEINHA	RT TRANSPORTATION LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Monica Gutierrez			
		Name of Person		
		Firm/Company		
	843 Falling Water Road			
	Weston, FL 33326	Address		2116 007
	atst.hc@gmail.com	City/State and Zip Code		U.S. On
For further information	E-mail address: (concerning this matter, please ca	to be used for future annual report notiful:	fication)	PH 1: 22
Daniel Garafulic		954 496 5913		<u> </u>
Name	of Person		e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TQ ARTICLES OF ORGANIZATION OF

STEINHART TRANSPORTATI	ON LLC		
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document numberL14000132417	Liability Company	were filed on <u>8/25/2014</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		843 FALLING WATER ROAD	
		WESTON, FL 33326	
Enter new mailing address, if applicable:		843 FALLING WATER ROAD	
Mailing address MAY BE A POST OFFICE	E BOX)	WESTON, FL 33326	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of office address her	ffice address on our records, <u>ent</u> <u>e</u> :	2010
Name of New Registered Agent:	MONICA GUT	TIERREZ	007
New Registered Office Address:	843 FALLING	WATER ROAD	
		Enter Florida street address	<u> </u>
	WESTON	Florida	33326
		City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
44400	DAVID CRUZ	4375 PALM AVE	
AMBR			□ Add
		HIALEAH, FL 33012	
			■ Remove
			Archiore
	.====		□ Change
AMBR	ATST LLC	843 FALLING WATER ROAD	
		WESTON, FL 33326	
			Remove
			Change
	MONICA M. GUTIERREZ	843 FALLING WATER ROAD	
MGR			Add 🖔
		WESTON, FL 33326	
		7,20,011,1200010	☐ Remove
			Remove
		-	
			Comige
			AGA CONTRACTOR
			20 do 1
			El Remone Fin
			The state of the s
			Fichanos
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			□ Remove
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			Remove
			Clarent.
			☐ Change

	or managerial power.
	2813 100 100 100 100 100 100 100 100 100 100
	0/5/2046
ffec	9/5/2016 tive date, if other than the date of filing:
f an e	ffective 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 605,020
Note Iocui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	some of the on the population of State S records.
0 FC	gord specified a delayed effective data but as a first series of the ser
Th	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 00 by after the record is filed.
	,
Dateo	9/6/2018
Jaice	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00