

L15000028768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR 20 AM 9:11  
TALLAHASSEE FL 32301  
SECRETARY OF STATE

Amendment

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IN Gods Hands 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:

Orlando Morejon  
Name of Person  
In gods hands transport LLC  
Firm/Company  
6133 SW 107 PL  
Address  
Miami FL 33157  
City/State and Zip Code  
Ingodshandstransport@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando Morejon at (786) 202-3359  
Name of Person Area Code Daytime Telephone Number

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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**

IN Gods Hands Transport LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

15 MAR 20 11 11  
TALLAHASSEE  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 2-18-15 and assigned  
Florida document number L15000028768

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)

16133 SW 107 PL  
Miami, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Leannet Quintero

New Registered Office Address:

16133 SW 107 PL

Enter Florida street address

Miami

City

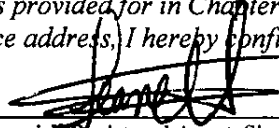
Florida

FL 33157

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 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	Orlando Morejon	16133 SW 107 PL	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
RA	Orlando Morejon	16137 SW 107 PL	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
MGR	leanet Quintero	16133 SW 107 PL	<input checked="" type="checkbox"/> Add
		Miami FL 33157	<input type="checkbox"/> Remove
RA	leanet Quintero	16133 SW 107 PL	<input checked="" type="checkbox"/> Add
		Miami FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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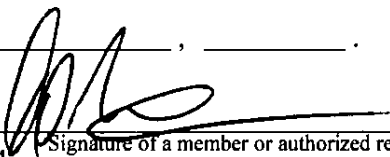
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

3-16-15



Signature of a member or authorized representative of a member

Orlando Morejon

Typed or printed name of signee

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Filing Fee: \$25.00

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