## 115000029207

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## **COVER LETTER**

	Registration Sec Division of Corp			
arib.m.		SPORTATION LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspoi	ndence concerning this matter	to the following:	
		CARMEN YBIS CATALI	NA IZQUIERDO	
			Name of Person	<del></del>
		<del></del>	Firm/Company	
		8441 SOUTHAMPTON D	PRIVE	
			Address	
		MIRAMAR FL 33025-283	30	
			City/State and Zip Code	
		C1102672@GMAIL.COM		
		E-mail address: (	to be used for future annual report notif	fication)
For furthe	r information co	oncerning this matter, please co	all:	
CARME	N YBIS CATAI	LINA IZQUIERDO	786 262-1954 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

MIS TRANSPORTATION LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed	on 02/16/2015 and assigned
lorida document number L15000029207	
this amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability comp	any here:
he new name must be distinguishable and contain the words "Limited Liability Company	
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	
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3. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the
egistered agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
Er	nter Florida street address
<del></del>	Florida
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
MGR	CARMEN YBIS CATALINA IZQUIERDO	8441 SOUTHAMPTON DRIVE MIRAMAR FL 33025-2830	
			□ Remove
			_ □ Change
			Add
			Remove
			Change
			Remove
			Change
			🗖 Remove
			□ Change
			Add
			Remove
			□ Change

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In effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more locument. If the date inserted in this block does not meet the applicable statutory filing relocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
December 7 , 2018	

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Typed or printed name of signee

Filing Fee: \$25.00