

L150000044335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR - 7 PM 1:54

Amend
@ 4.24.15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAESTRA 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:

JOSE M ARREAZA

Name of Person

JMA BRO 1 CORP

Firm/Company

12200 SW 25 CT

Address

MIRAMAR / FLORIDA / 33025

City/State and Zip Code

JOSEARREAZA@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M ARREAZA

Name of Person

954

at ()

Area Code

4044673

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

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

MAESTRA 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 03/11/2015 and assigned Florida document number L15000044335.

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:

13977 SW 140 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33186

Enter new mailing address, if applicable:

13977 SW 140 ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33186

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DIVISION OF CORPORATIONS
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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: MAESTRA LOPEZ, CECILIO

New Registered Office Address: 13977 SW 140 ST

Enter Florida street address

MIAMI, Florida 33186

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.

C. Mays

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	JORGE GARCIA	19248 SW 80 CT	☒ Add
		CUTLER BAY, FL 33157	☐ Remove

			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Please, add FEI/EIN Number: 47-3484569 (see attachment).

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 April, 02, 2015



Signature of a member or authorized representative of a member

MAESTRA LOPEZ, CECILIO

Typed or printed name of signee