L150000 48576

(Re	equestor's Name)	
(Ac	ldress)	······
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO:	Registration Se Division of Cor		, ¥			
~		RTEKNOLOGIES LLC				
SUB	:JECT:	Name of Limi	ted Liability Company			
The	enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Plea	se return all correspo	ndence concerning this matter t	to the following:			
		FI	RANKLIN GUERRERO			
			Name of Person	· <u>····</u>		
		TRA	NSPORTEKNOLOGIES LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>		
1628 SW 18 ST						
			Address			
			MIAMI, FL 33145			
	,	exportekofmiami@gmail.co	City/State and Zip Code			
		_	o be used for future annual report not	ification)		
For	further information co	oncerning this matter, please ca	all:			
		LIN GUERRERO	786 343-4574 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enc	losed is a check for th	ne 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

TRANSPORTEKNOLOGIES LLC

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL15000048536	Company were filed on	03-18-2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	AY YES
		, Florida	
 -	City	, r forida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		2 C
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance o igent as provided for in ed office address, I here	capacity. I further of my duties, and I d Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGM	RAFAEL DE LOS SANTOS	1628 SW 18 ST	□ Add
		MIAMI, FL 33145	■ Remove
			Remove
			Change
	. —————		D Add
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ective date, if other than the		5/18/2015			(optional)	
effective date is listed, the date mus	t be specific and cana	not be prior to	date of filing or	more than 90 da	ys after filing.) P	ursuant to 605.
te: If the date inserted in this blocument's effective date on the De	ock does not meet epartment of State	the applicab 's records.	le statutory fili	ng requiremei	its, this date wi	Il not be liste
	•					
record specifies a delayed	l effective date	e. but not a	an effective	time, at 12	:01 a.m. or	the ga rlie
he 90th day after the reco		,,		,		. \$
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Filing Fee: \$25.00