

15000067553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & I TRANSPORT SERVICES 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:

ANGEL RAMOS

Name of Person

Firm/Company

1130 CHESTERFIELD CT

Address

KISSIMMEE, FL 34758

City/State and Zip Code

aitransport69@gmail.com

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

For further information concerning this matter, please call:

ANGEL RAMOS

305 370-5303
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

A & I TRANSPORT SERVICES, 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 FLORIDA and assigned
Florida document number L15000067553.

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 contain 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)

1130 CHESTERFIELD CT

KISSIMMEE, FL 34758

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1130 CHESTERFIELD CT

KISSIMMEE, FL 34758

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:

ANGEL RAMOS

New Registered Office Address:

1130 CHESTERFIELD CT

Enter Florida street address

KISSIMMEE

City

Florida 34758

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANGEL RAMOS	1130 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARAMIS RAMOS	1130 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IDALMIS SAAVEDRA	1130 CHESTERFIELD CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAY 1952

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, 05/09/2017

ANGEL RAMOS

Typed or printed name of signee