

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L15000081095

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

Effective Date

5/22/15

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : I20040000007  
Phone : (305) 640-0281  
Fax Number : (305) 640-0282

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: LAXMYSCARRIER1@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RISKY BUSINESS TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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15 MAY 22 PM 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMAY 26 2015  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RISKY BUSINESS 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:

ADALBERTO V RAMOS

Name of Person

RISKY BUSINESS TRANSPORT LLC

Firm/Company

309 W 18TH ST

Address

HIALEAH, FL , 33010

City/State and Zip Code

LAXMYSCARRIER1@GMAIL.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

305 640-0281  
at ( )

Name of Person

Area Code

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**

**RISKY BUSINESS 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 MAY 07 OF 2015 and assigned  
Florida document number L15000081095.

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)

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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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	YULIEN GONZALEZ VILCHES	309 W 18TH ST	<input checked="" type="checkbox"/> Add
		HIALEAH, FL, 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2015 MAY 22 AM 3:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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

E. Effective date, if other than the date of filing: 05/22/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated MAY 22ND 2015

Signature of a member or authorized representative of a member

ADALBERTO V RAMOS

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T**