## 115000 105 209

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Received emailed currieted Ecrn  Received emailed currieted Ecrn  from Mr Hierrezuelo on 11/21/19
47

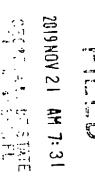
Office Use Only



500334958675

10/10/19--01015--017 \*\*35.00

S TALLENT NOV 2 1 2019



fried



October 31, 2019

JOAQUIN HIERREZUELO TEX-IDATRANSPORT LLC 17631 NW 47 AVE MIAMI GARDENS, FL 33055

SUBJECT: TEX-IDATRANSPORT LLC

Ref. Number: L15000105209

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00022466

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Tex-1da Mansort LC

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:

JOAQUIN HIERREZUELO
Name of Person
Tex-IBA Transport LC
Firm/Company
17631 N.W. 47AVR
Address
Miam Gaden Florida 33US
City/State and Zip Eude
Texida Transport (A) (2 Ma) (COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOGOVIN HIELENZUELO at 786, 868-9436

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

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 Taltahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Sold and assigned  Florida document number 15000105209  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)  Port Study (25 3 4953)  July 1.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  PO. Box 172321  Vialeah Florida 33017
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:    Main   Galdon   Florida   Specific   Sip Code   Sip Code   Sign   Sip Code   Sign   Sip Code   Sign   Sip Code   Sign   Sign

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the fille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MERIN	Milagres Herrezuelo	1763/N,W,47 Ave Miconi Grick	OF. DANG
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

_	
_	
.•	
effecti e: If	date, if other than the date of filing:
ecor ne 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
:d	11-21 - 2019
	Lougher Menesuet
	Signature of a member or authorized representative of a member
	JOAQUIN HIPTREZUELO
	Signature of a member or authorized representative of a member  TOAQUII) HOFFEZUELO  Typed or printed name of signee