

L1500012739 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

 From:
 Account Name : RC TAX SERVICE LLC
 Account Number : 120140000083
 Phone : (407)932-0040
 Fax Number : (407)520-5473

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SPAIN TRANSPORT LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPAIN 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:

ORLIS ALFONSO GUERRERO CAMPO

Name of Person

SPAIN TRANSPORT LLC

Firm/Company

5462 HOFFNER AVE APT 504

Address

ORLANDO, FL 32812

City/State and Zip Code

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

For further information concerning this matter, please call:

Orlis Alfonso Guerrero Campo

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SPAIN 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 07/27/2015 and assigned
Florida document number L15000127839.

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:

ORLIS ALFONSO GUERRERO CAMPO

New Registered Office Address:

5462 HOFFNER AVE APT 504

Enter Florida street address

ORLANDO

City

Florida 32812

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.

Orlison Campo Guerrero

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	JEAN C ALIBI VARELA	2712 ATHERTON DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA CAROLINA ALIBI VAREL	5462 HOFFNER AVE APT 504	<input type="checkbox"/> Add
		ORLANDO, FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORLIS ALFONSO GUERRERO CAMPO	5462 HOFFNER AVE	<input checked="" type="checkbox"/> Add
		504	<input type="checkbox"/> Remove
		ORLANDO, FL 32812	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated 12 / 16 / , 2020

Guinn Coupo Curtis A
Signature of a member or authorized representative of a member

Ortiz Guerrero Campo
Typed or printed name of signer