

LIS000128786

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SECRETARY OF STATE
HALL BUILDING, COLUMBIA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trans Evolution Logistics 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:

Jose L. Almaraz
Name of Person

Professional Services Bookkeeping Inc.
Firm/Company

736 NW 22nd Av.
Address

Miami FL 33125
City/State and Zip Code

jose@professionalservicesmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Almaraz at (305) 642 3000
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

FILED

2015 OCT -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Trans Evolution Logistics 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 07/22/2015 and assigned
Florida document number L 15000128786

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)

736 MAX 22nd Av
Miami FL 33125

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:

Jose L. Almarales

New Registered Office Address:

736 MAX 22nd Av.

Enter Florida street address

Miami

City

Florida

33125

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>
<u>AMBR</u>	<u>Francisco M. Bolivar</u>	<u>8234 NW 56th St.</u>	<input type="checkbox"/> Add
		<u>Doral FL 33166</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Pdte</u>	<u>Carlos A. Pena</u>	<u>8234 NW 56th St.</u>	<input type="checkbox"/> Add
	<u>Quintero - 100%</u>	<u>Doral FL 33166</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Williams E. Torin</u>	<u>8234 NW 56 St.</u>	<input type="checkbox"/> Add
		<u>Doral FL 33166</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 9/05/2015, _____

Carlos A. Pena - President -
Typed or printed name of signee