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2016-10-28 00:55:58 (GMT)

From: TINTOS INT'L LLC

10/27/2016

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

H160002663723

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To:

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

From:

Account Name : TINTOS INTERNATIONAL LLC
Account Number : I20150000068
Phone : (407)731-4498
Fax Number : (407)982-7123

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

Email Address: sustaxes@gmail.com

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2016 OCT 28 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2016 OCT 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
T & T TRUCK TRANSPORT LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

H160002663723

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

T&T TRUCK TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 OCT 28 PM 2:16
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/31/2015 and assigned
Florida document number L15000130046

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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.

N/A

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:

H160002663723

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alvarez, Gabriel	11310 S Orange Blossom Trl Ste 344	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Alvarez, Gabriel	11310 S Orange Blossom Trl Ste 344	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32837	<input 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Dated OCTOBER 27 2016

Signature of a member or authorized representative of a member

GABRIEL ALVAREZ

Typed or printed name of signee.

H 16 0002663723