

L15000132201

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(City/State/Zip/Phone #)

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2016 SEP 19 PM 4:04  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2016

FONSECA TRANSPORTATION LLC  
GUSTAVO A FONSECA  
5390 W 9 CT.  
HIALEAH, FL 33012

SUBJECT: FONSECA TRANSPORTATION LLC  
Ref. Number: L15000132201

2016 SEP 19 PM 4:28  
TALLAHASSEE, FLORIDA

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 316A00018872

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fonseca Transportation 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:

Gustavo A. Fonseca  
Name of Person

Fonseca Transportation LLC  
Firm/Company

5390 W 9th  
Address

Hialeah FL 33012  
City/State and Zip Code

Alex fon 55@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo A. Fonseca at (786) 606-4084  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

FILED  
2016 SEP 19 PM 4:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned

Florida document number L15000132201

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

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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	Charnel R. Ancheta	5390 W 9th	<input checked="" type="checkbox"/> Add
		Hialeah Fl 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2019 SEP 19 PM 4:04  
CLERK OF DISTRICT COURT  
JAIL AHA SEC. FLORIDA

2016 SEP 19 PM 5  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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2016 SEP 19 PM 4:04  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.

Dated 9/15/16, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee