# L15000/32201

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	,





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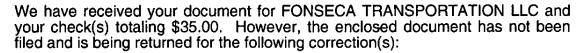
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2016

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

SUBJECT: FONSECA TRANSPORTATION LLC

Ref. Number: L15000132201



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**

Division of Corporations
SUBJECT: Forse Ca 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:
Crustavo A. Forseca Name of Person
Fonseca Transportation LLC
5390 W 9 Cd Address
Hialeah Fl 33012
Halah Fl 33012  City/State and Zip Code  Alex for 55 @ Jahw.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dustryo A. Fonseca at 1860 606-4084  Name of Person at Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & \$\times \$55.00 Filing Fee & \$\times \$60.00 Filing Fee, \$\times \$\text{Certificate of Status}\$\$  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION

ARTIC	LES OF ORGANIZATION	$\mathcal{F}_{II}$
	OF	2016 SFP - EL
FONSECA (Name of the Limited L	RAN SPORTATION iability Company as it now appears on lorida Limited Liability Company)	ON 2016 SEP 19 PM 4: 04  OUR records.) LAMASSEE OF STREET
The Articles of Organization for this Limited Liabil	• • •	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	0	r records, enter the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida s	street address
	2.10 10.100	, 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

**Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Chamel RAnchets 5390 w 9CH Hallah Fi 33012 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

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(If an effi Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	9/15/11/2
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00