L15000132223

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N. Culligan AUG 1 4 205

COVER LETTER

10: Re Di	egistration Sec vision of Corp	porations	**	
SUBJECT:		RTE Y SERVICIOS JKS LLC		
SUBSECT.		Name of Limit	ted Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter t	to the following:	
		YASMIN A AGUILAR		
			Name of Person	
		Yasn	unifyinly	
			Firm/Company	elephone Number \$60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
		3375 N COUNTRY -1706		
			Address	
		AVENTURA-FL 33180		
			City/State and Zip Code	
		ARACELISAGUILAR@HC	OTMAIL.COM o be used for future annual report notific	otion)
For further	information co	oncerning this matter, please ca	•	auony
		out of the same of		
TASMIN /	A AGUILAR Name of	Dorgon	786 317-6745 at ()	Calanhona Number
	Name of	reison	Area Code Daytime	reteptione (vanioe)
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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 AUG 13 PM 3: 23

TRANSPORTE Y SERVICIOS JKS 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 Con		and assigned
Florida document number L15000132223		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	
New Registered Office Address:		
	Enter Florid	street address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m nt as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Ages	1, 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>	Address	Type of Action
MGR	VIVAS, ALAN G	3375 N COUNTRY -1706 AVENT	Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ ∧dd
			□ Remove
			Change
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Effective date, if other the	in the date of t	filing:			(opti	onal)	
If an effective date is listed, the d Note: If the date inserted in	ate must be specifi	ic and cannot be	prior to date of	filing or more t	han 90 days afte	r filing.) Pursuan	t to 605.0207 be listed as
document's effective date or					•		
h			.	:	12-01	 	
he record specifies a de The 90th day after th			not an en	ective time	e, at 12:01 ·	a.m. on the	earlier of
-0.44							
Dated		2015	·				
		1A	-				
			3				

Page 3 of 3

Filing Fee: \$25.00