

09/09/16 THU 16:3

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

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

Email Address:

Y SULKER@PSIcompanies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCG TRANSPORT LLC

Certificate of Status	0
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2016 SEP -8 PM 5:30

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Corporate Filing Menu

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SEP 09 2016

Y SULKER

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(H16002236513)
COVER LETTERTO: Registration Section
Division of Corporations

SUBJECT: TCG TRANSPORT 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:

LOURDES ESTELA CORDOVI

Name of Person

TCG TYRANSPORT LLC

Firm/Company

8879 NW 35 CT

Address

HIALBAH GARDENS, FL 33018

City/State and Zip Code

UNDERWRITERS@PSICOMPANIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOURDES ESTELA CORDOVI

305

9175460

at ()

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(H160002236513)
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

TCG TRANSPORT 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 6/15/16 and assigned
 Florida document number L15000213249.

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)

7880 SW 23RD STREET

APT 109

MIAMI, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7880 SW 23RD STREET

APT 109

MIAMI

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:

LOURDES ESTELA CORDOVI

New Registered Office Address:

7880 SW 23RD STREET

Enter Florida street address

MIAMI

Florida 33155

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

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(H16002236513)
 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	JENIREB CONSTANTINO	8879 NW 35 CT	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOURDES ESTELA CORDOVI	4235 SW 69 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33155	<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 SEP - 8 AM 9:46
 DEPARTMENT OF STATE
 OFFICE OF THE CLERK

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated 9/8/ 2016

L. Cordovi

Signature of a member or authorized representative of a member

LOURDES ESTELA CORDOVI

Typed or printed name of signer

(H160002236513)