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(Requestor's Name)
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COVER LETTER

TO:

TO: Registration So Division of Co							
	Plus of Florida LLC						
SUBJECT:	Name of Lin	ited Liability Company					
The analoged Artislas of	A manadan and for (a) and much						
	Amendment and fee(s) are sub						
Please return all correspo	ondence concerning this matter	to the following:					
	Carlos A. Marulanda						
		Name of Person		-			
	Transport Plus of Florida	LLC					
		Firm/Company		-			
	16007 Tangerine Blossom	Way		~ 1			
Address				— 1556 — 16191			
	Winter Garden, Fl. 34787			2019 APR - 3 AH 10: 04 SECOND SECOND SECOND	<u></u> .		
		City/State and Zip Code		ယ် ့	TED THE		
	marulca@gmx.com		_		0		
	E-mail address: (to be used for future annual report notific	cation)				
For further information c	concerning this matter, please c	all:					
Carlos A. Marulanda		407 395-2767 at ()					
Name o	of Person		Telephone Number				
Enclosed is a check for the	he following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fi	ling Fee.			
Ç	Certificate of Status	Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status &			
MAII	ING ADDRESS:	STREET/COURIE	D ADDPESS.				
Registr	ration Section	Registration Section					
	on of Corporations ox 6327	Division of Corporal Clifton Building	tions				

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transport	t Plus of Florida LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 01/26/16	and assigned
Florida document number L16000015393	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Wonders Designs by Caro LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		——————————————————————————————————————
		128 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>\$ 628</u>
		70.0
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, enter the name of the new
registered agent and/or the new registered office ad-	uress here.	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stret	et 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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Effective date, if other than (If an effective date is listed, the date	the date of filing:	annot be prior to d	ate of filing or more th	(optional) g.) Pursuant	cto 605,02	207 (3
Note: If the date inserted in the document's effective date on the	is block does not me	et the applicable	statutory filing req	uirements, this date	e will not l	be listed:	as th
the record specifies a dela) The 90th day after the		ite, but not a	n effective time	, at 12:01 a.m.	on the	earlier	of:
March 31st.		2019					
Dated March 51st.	· · · · · · · · · · · · · · · · · · ·						
\ !	C -		d representative of a i				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00