# L16000054892

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	ESE TRANSPORT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		ALAN MARTINEZ		
		Name of Person		
		SIMPLEX GROUP		
		Firm/Company		
		5800 NW 74TH AVE		
		Address		
		MIAMI, FL 33166		
		City/State and Zip Code		
		amartinez@simplexgroup.net		
	E-mail address: (	to be used for future annual report notifi	cation)	<b>~</b> 3
For further information	concerning this matter, please c	all:	LEA LEA	2016 HAR
ALAN MARTINEZ	Z / SIMPLEX GROUP	at ( ) 599-8287	E TAI	HAR 28 P
Name	of Person	Area Code Daytime	Telephone Number	<u> </u>
			. Ed	
Enclosed is a check for	the following amount:		STA SOLI	<sup>12</sup>
	_		53	_
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &	□ \$60.00 Fill	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy
		(		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 TO ARTICLES OF ORGANIZATION OF

ESE TI	RANSPORT LLC		
(Name of the Limited	Liability Company as it now appea A Florida Limited Liability Company)	ers on our records.	
The Articles of Organization for this Limited Lia  lorida document number L16000054892	bility Company were filed on _	3/17/16	and assigned
This amendment is submitted to amend the follow	wing:		
a. If amending name, enter the new name of t	the limited liability company h	ere:	
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the	designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:		
Principal office address MUST BE A STREET	ADDRESS)	<del> </del>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered offi		n our records, <b>B</b>	ੂ ਲ
Name of New Registered Agent:	GONZALO ENRIQUE AURR	<u>S</u>	NAR 28
New Registered Office Address:	Enter Flo	orida street address	
		Florid	2: -

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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 = A	Authorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
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lote: If	e date, if other that ive date is listed, the date the date inserted in 's effective date on	this block does no	ot meet the app	olicable statu	filing or more story filing re	than 90 days equirements	after filing , this date	.) <del>Pur</del> suan will not	t to 605.020 be listed a
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Typed or printed name of signee

Filing Fee: \$25.00