L16000019049

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SECRETARY OF STATE
JALLAHACSTE FLUETO

AUG 0 9 2016 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Ope eig lize I Orselving Oransporda Lion LC 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:
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Spoundired Overhing Oransportationship
2505 Dest. 76th G1. Afd. 203 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
/ Staffeal FL 33016 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Juli Proposition P
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$\$\$ \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$\$\$\$ \$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 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

Donalis I	Touchers Transfort	Las La
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number <u>4160000</u> 79	1.69	
This amendment is submitted to amend the follow	ing:	5 75
A. If amending name, enter the new name of the	e limited liability company here:	The second second
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	75 55
(Principal office address MUST BE A STREET)	ADDRESS)	5 50
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 offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature if changing Reg	istered Agent:	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective lote: If th	date, if other than the date of the date is listed, the date must be specified date inserted in this block does a effective date on the Department	ic and cannot be p not meet the ap	plicable statutory			Pursuant to 605.0207 will not be listed as
	l specifies a delayed effecti		not an effect	ive time, at	12:01 a.m. o	on the earlier of
	th day after the record is fi					
The 90t	th day after the record is fi	, <u>201</u>	<u>.</u> :			
The 90t	th day after the record is fi	of a member or a	t :	ntative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





Detail by Entity Name

Florida Limited Liability Company

SPECIALIZED TRUCKING TRANSPORTATION, LLC

Filing Information

Document Number

L16000079049

FEI/EIN Number

NONE

Date Filed

04/21/2016

State

FL

Status

ACTIVE

Principal Address

2505 WEST 76TH STREET APT. 203

HIALEAH, FL 33016

Mailing Address

2505 WEST 76TH STREET APT. 203 HIALEAH, FL 33016

Registered Agent Name & Address

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

Authorized Person(s) Detail

Name & Address

Title AMBR

MADRUGA, GUILLERMO 2505 WEST 76TH STREET APT. 203 HIALEAH, FL 33016

Annual Reports

No Annual Reports Filed

Document Images

04/21/2016 -- Florida Limited Liability

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SECRETARY OF STATE OF THE SECRETARY OF STATE OF

8	7/2016 Detail by Entity Name
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