

2160000 79947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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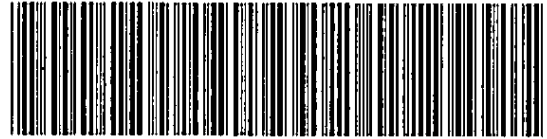
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY - 2 AM 10:05

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MAY 04 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALPHATRANS GROUP 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:

MAURICIO JARA

Name of Person

ALPHATRANS GROUP LLC

Firm/Company

6955 NW 82ND AVE

Address

MIAMI, FL 33166

City/State and Zip Code

ACCOUNTING@ALPHATRANSGROUP.COM

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

For further information concerning this matter, please call:

MAURICIO JARA

305 746-2605

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 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**

ALPHATRANS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned  
Florida document number L16000079947.

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)

6955 NW 82ND AVE

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6955 NW 82ND AVE

MIAMI, FL 33166

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**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:

MAURICIO JARA

New Registered Office Address:

6955 NW 82ND AVE

Enter Florida street address

MIAMI

City

Florida 33166

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 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	MAURICIO JARA	6955 NW 82ND AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANA ESPINAL	1199 NW 125TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAYSIE SALAZAR	10260 NW 63RD TERR	<input type="checkbox"/> Add
		APT 101, BLDG 5	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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DIVISION OF CORPORATIONS

**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.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of: member or authorized representative of a member

Typed or printed name of signee