116000079981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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June 20, 2018

YASENIA GAONA 6830 E BROADWAY AVE TAMPA, FL 33619

SUBJECT: GO WITH THE FLOW TRANSPORT LLC

Ref. Number: L16000079981

We have received your document for GO WITH THE FLOW TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00012899

Jenna D Harris Regulatory Specialist II

COVER LETTER

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FO: Registration Section Division of Corporations	, st 01/
Figure 1. Subject: Registration Section Division of Corporations SUBJECT: Go with the flow transport IIC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	, Aile
The enclosed Articles of Amendment and fee(s) are submitted for filing.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Please return all correspondence concerning this matter to the following:	
Name of Person	
Gowith the flow transport !!	, C .
1830 E Broadway Ave	
Tampa fl 33619 City/State and Zip Code	
Chyrstate and Zip Code	
gow, the the flowlle agmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edgarda quadaluge at (213), 48-1-279 Name of Person at (213), 48-1-279 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee Certifica	itus &
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 AUG 16 PM 1: 09 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) UNIC SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L160000 719791. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Edgardo guadalupe

6830 E. Broadway Ave

Enter Florida street address Name of New Registered Agent: New Registered Office Address: Tampa ... Florida 33619

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>	Type of Action
AMBR	Edgardo guadal	upe 6830 E Broadway	Add
		Tampa f1 33619	Remove
			Change
	Yasenia gaona		Add
			Remove
			Change
			Add
			☐ Remove
	•		Change
			Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	July 14 2018.
	Signature of a member or authorized representative of a member
	Edgardo guadaluge Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00