L16000081006

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dodamont value)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CUDIECT.	AVILA TRA	INSPORTATION LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
			JULIO A AVILA	
			Name of Person	
		Ŋ	YES FAST SOLUTIONS LLC	
			Firm/Company	
			5951 NW 151 ST SUITE 200	
			Address	
		MI	IAMI LAKES, FLORIDA 33014	
			City/State and Zip Code	
			ASTSOLUTIONS@GMAIL.COM to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	-	04.101.1
		FIGUEREDO	305 927-9850	
	Name of	Person	at () Area Code Daytime	Telephone Number
D. deed 'e	-l1 6- 41	CH		
\$25.00 F		e following amount: \$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)
	Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVILA TRANSPORTATIO	ON LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear: iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company L16000081006	were filed on	07/20/2016	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the do	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A 🤻	70
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
		200 to 2	Sea selection.
		747	in in
Enter new mailing address, if applicable:		<u> </u>	O
(Mailing address MAY BE A POST OFFICE BOX)		STA VATA	ıż
		Şm.	۲,
B. If amending the registered agent and/or registered of		our records, enter th	e name of the ne
registered agent and/or the new registered office address here	:		
Name of New Registered Agent:		N/A	
	 	 	
New Registered Office Address:	Enter Flori	ida street address	
	1311107 1 1071		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cnit		ZIP CORE
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of i	my duties, and I am fan	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	GRECCO M AVILA	225 Sw 133 Ave, Miami, FL 33184	■ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
		****	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
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			Remove Change Add Remove
			Add D Remove
			□ Change

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	<u> </u>		
ctive o	late, if other than the date	of filing:	(optional)
ffective If th	e date is listed, the date must be sp te date inserted in this block do	pecific and cannot be prior to date of filing or more than 9 oes not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.0
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