L16 0000 89861

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	· - ·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		:

Office Use Only



600288457376

500285457376 08/01/16--01041--016 **25.00

16 AUG - I PM 3: 43

AUG 0 2 2016

Y SULKER

COVER LETTER

то:

Registration Section

Division of Corp	porations		
	WING & TRANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	VIVIA	NNE MARRERO RODRIGUEZ	
		Name of Person	
	BLESS	TOWING & TRANSPORT LLC	ORT LLC 6 MAIL.COM
		Firm/Company	
		4317 LAKE AVE	
		Address	
		KISSIMMEE, FL 34746	
		City/State and Zip Code	Firm/Company 4317 LAKE AVE Address SSIMMEE, FL 34746 City/State and Zip Code
BLESS TOWING & TRANSPORT LLC Firm/Company 4317 LAKE AVE Address KISSIMMEE, FL 34746			
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
FREDDY ALEQUIN		407 677-5157	
Name o	f Person		e Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Cod	ž.	
	KISSIMMEE	, Florida _	34746		
	Em	ter Florida street address			
New Registered Office Address:	4317 LAKE AVE				
Name of New Registered Agent:					
egistered agent and/or the new registered of		ss on our records, env	71, 1110 HHIII	<u>, 91, 110</u>	<u> </u>
3. If amending the registered agent and	/or registered office addre	ess on our records, ente	er the name	₽ Fide th	e nev
			<u> </u>	ట (****
Maning address MAI BE A FOST OFFICE	<u></u>		77	₹	î i
Mailing address MAY BE A POST OFFICE	ROY)		1 <u>11</u> -4		1
Enter new mailing address, if applicable:			₹ 36.2	<u>م</u>	
				AUG	_
			<u> </u>	-	
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)				
enter new principal offices address, if applie	cable:				
he new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the	abbreviation "	L.L.C."	
A. If amending name, enter the new name of	f the limited liability compa	inv here:			
This amendment is submitted to amend the foll					
This amondment is submitted to amond the fall	auina				
lorida document number L16000089861	·•				
The Articles of Organization for this Limited L	iability Company were filed	on 05/06/2016	and a	ssigned	
	(A Florida Limited Liability Comp	pany)			
	ted Liability Company as it now a (A Florida Limited Liability Com				
В	LESS TOWING & TRANSPOI	RT LLC			

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
MGR	HESSED SASIAIN OLIVO	156 CARRERA AVE	□ Add
		DAVENPORT, FL 33897	■ Remove
			☐ Change
MGR	VIVIANNE MARRERO RODRIG	4317 LAKE AVE	Add
		KISSIMMEE, FL 34746	_ □ Remove
			Change
			☐ Remove
	,		El Change
			DAdd ,
			C Remove
			C Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			□ Change

	·
	
, , , , , , , , , , , , , , , , , , , ,	
	S S
ښا	Y CF
	္ မွာ

Page 3 of 3

Filing Fee: \$25.00