# 16000153210

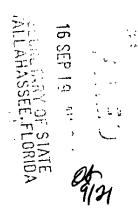
(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
*		ANSPORTER LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	,
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		CHRISTIAN RODRIGUE	<b>z</b>	
			Name of Person	
		RODZ TRANSPORTER L	LC	
			Firm/Company	
		861 MCINNIS CT		
			Address	
		KISSIMMEE FL, 34744		
			City/State and Zip Code	**************************************
		RODZTRANSPORTER@C		G4'
For fur	ther information c	oncerning this matter, please of	to be used for future annual report notif all:	icauon)
CHRIS	STIAN RODRIGU	JEZ	407 655-5546 at ()Area Code Daytimo	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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:

TO:

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 Taliahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number  L16000153210		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Ďe:	
Principal office address MUST BE A STREET ADDRES	SS)	S 9	
		芸 岩 、	
		SSE: 53	
Enter new mailing address, if applicable:		mc : i.i.	
, ,		TS , C	
Mailing address MAY BE A POST OFFICE BOX)		ORID	
•			
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		rds, <u>enter the name of the n</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addi	ress	
<del></del>		Florida	
	City	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>	Name	<u>Address</u>	Type of Action
MGR	CHRISTIAN RODRIGUEZ	861 MCINNIS CT	Add
		KISSIMMEE FL, 34744	□ Rеточе
			E Change
VP	JENILEE DELVALLE	861 MCINNIS CT	
		KISSIMMEE FL, 34744	■ Remove
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ective date, if other than the date of filing	<b></b>		(optional)	
effective date is listed, the date must be specific and	cannot be prior to da	te of filing or more than 90	days after filing.) Pursua	
e: If the date inserted in this block does not numeral of self-ective date on the Department of S		statutory tiling requiren	nenis, unis date will no	t de listed a
record specifies a delayed effective one 90th day after the record is filed.	late, but not an	effective time, at	12:01 a.m. on the	earlier (
ed SEPTEMBER 02	2016			
		11		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00