

L16 000 176245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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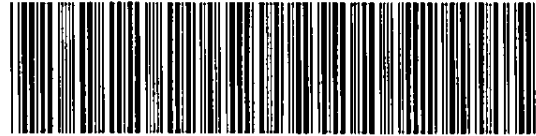
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

SEP 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDA TRANSPORT 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:

LEOSDANY E LANDA
Name of Person
LANDA TRANSPORT LLC
Firm/Company
2400 SPRINGDALE BLVD APT P216
Address
PALM SPRING FL 33461
City/State and Zip Code
bestcarrierservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEOSDANY E LANDA 786 282-8839
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LANDA TRANSPORT LLC

(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 Company were filed on 09/21/2016 and assigned
Florida document number L16000176245.

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:

2400 SPRING DALE BLVD APT P216

(Principal office address MUST BE A STREET ADDRESS)

PALM SPRING FL 33461

Enter new mailing address, if applicable:

2400 SPRINGDALE BLVD APT P216

(Mailing address MAY BE A POST OFFICE BOX)

PALM SPRING FL 33461

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:

LEOSDANY E LANDA

New Registered Office Address:

2400 SPRINGDALE BLVD APT P216

Enter Florida street address

PALM SPRING

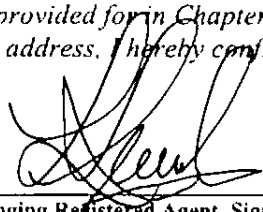
Florida 33461

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEOSDANY E LANDA	7801 SW 22 ST	<input type="checkbox"/> Add
		MIAMI FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEOSDANY E LANDA	2400 SPRINGDALE BLVD APT F	<input checked="" type="checkbox"/> Add
		PALM SPRING FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

[illegible]

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 SEPTEMBER 25 2017

SEPTEMBER 25, 2017



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA