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Office Use Only



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COVER LETTER

TO: Registration So Division of Co		•	
305 Transp	ort LLC		•
	Name of Limited Lial	oility Company	
The enclosed Articles of	Amendment and fee(s) are submitted if	or filing.	
Please return all correspo	ondence concerning this matter to the fo	ollowing:	
	John Vargas		
	1	Name of Person	
		Firm/Company	
	2681 N Flamingo Rd Apt 1804		
	Sunrise Fl 33323	Address	
	City/S john.vargas1@gmail.com	State and Zip Code	
	E-mail address: (to be use	ed for future annual report no	otification)
For further information of	oncerning this matter, please call:	•	
John Vargas		305 498 8101 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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:

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 ÁRTICLES OF ORGANIZATION OF

305 Transport LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number £16000185770	were filed on 10/06/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	2681 N Flamingo Rd Apt 1804	
Principal office address MUST BE A STREET ADDRESS)	Sunrise Fl 33323	<u></u>
		<u>.</u> 75
inter new mailing address, if applicable:	2681 N Flamingo Rd Apt 1804	23 15 15 15 15 15 15 15 15 15 15 15 15 15
Mailing address MAY BE A POST OFFICE BOX)	Sunrise Fl 33323	3 34
		<u> </u>
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Vargas	2681 N Flamingo Rd Apt 1804,	
		Sunrise Fl 33323	□ Remove
			☐ Change
AMBR	Yara C Gonzalez	2681 N Flamingo Rd Apt 1804	Add
		Sunrise Fl 33323	Remove
			Change
			Add
			□ Remove
			Change
			Add
		 	Remove
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			Remove Change
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			□ Change

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Effective date, if oth If an effective date is liste Note: If the date inserdocument's effective of	d, the date must ted in this blo	be specific an ck does not	d cannot be p meet the ap	prior to date of	filing or mor	e than 90 day	(optional) s after filing.) s, this date v	Pursuant to 60 will not be lis	15.020 ted as
ne record specifies The 90th day aft				not an eff	ective tir	ne, at 12	01 a.m. c	on the earl	ier o
Dated			·	<u> </u>				17	
			1/1	<u>/</u>					
	Í	Signature of a	member of	authorized rep	resentative o	f a member	.,,	्र	***
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Filing Fee: \$25.00