

L16000198242

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000116752 3)))



H180001167523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
AND AHASSEE, FLORIDA

2018 APR 12 AM 10:26

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATE
AND AHASSEE, FLORIDA

2018 APR 12 PM 4:55

RECEIVED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEVEX TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. LEGGETT
APR 13 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PEVEX 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 10/26/2018 and assigned
Florida document number L16000198242

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:

14951 WALDEN SPRINGS WAY

(Principal office address MUST BE A STREET ADDRESS)

508

JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MARCOS PAREDES

New Registered Office Address:

15611 SW 62ND TERRACE

Or - Florida street address

MIAMI

Florida 33193

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

Title	Name	Address	Type of Action
AMBR	GRANDA, MANUELA J	15011 SW 62ND TERRACE	☐ Add
		MIAMI, FL 33193	☐ Remove
			☐ Change
AMBR	FAREDES, MARCOS R	15011 SW 62ND TERRACE	☐ Add
		MIAMI, FL 33193	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 04/09/2018 (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Permit to 603.0207 (3)(b)
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.

(b) The 90th day after the record is filed.

Dated APRIL 9

2018

MANUELA GRANBA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00.