

L16000218990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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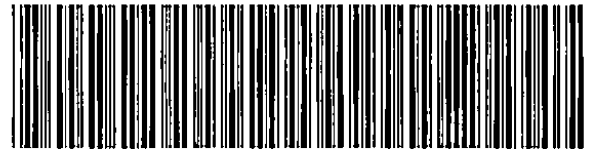
(Business Entity Name)

(Document Number)

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2019 JUL 27 12:53

JUL 11 2019
T. LEMIEUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRANSPORTS TM 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:

IDALMIS M NOVO RAMIREZ
Name of Person

Firm/Company

2114 SANTA BARBARA BLVD
Address

CAPE CORAL, FL 33991
City/State and Zip Code

IDALMIS_NOVO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IDALMIS M NOVO RAMIREZ 312 889-2972
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

TRANSPORTS TM LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

JUL 27 12:53

The Articles of Organization for this Limited Liability Company were filed on 12/02/2016 and assigned
Florida document number L16000218990.

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:

(Principal office address MUST BE A STREET ADDRESS)

2114 SANTA BARBARA BOULEVARD

CAPE CORAL, FL 33991

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2114 SANTA BARBARA BOULEVARD

CAPE CORAL, FL 33991

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

IDALMIS M NOVO RAMIREZ

New Registered Office Address:

2114 SANTA BARBARA BLVD

Enter Florida street address

CAPE CORAL

City

Florida 33991

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
AMBR	JESUS TORRES-ALMEIDA	3122 COUNTRY CLUB BULEVAR	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORLANDO F MARTINEZ- PEREZ	2114 SANTA BARBARA BLVD	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IDALMIS M NOVO-RAMIREZ	2114 SANTA BARBARA BLVD	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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.) Pursuant to 605.0207 (

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated _____ JUNE 24 2019

Signature of a member or authorized representative of a member

JESUS TORRES ALMEIDA

Typed or printed name of signee