# 217000028497

(Re	questor's Name)	
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(Ao	uiess)	
(Cit	y/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Office Use Only



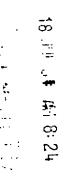
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EXAMINER



### **COVER LETTER**

TO:	Registration Sec Division of Corp		13		
	111.670		TRANSPORT LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company		
The e	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return all correspon	dence concerning this matter	to the following:		
			CARLOS ZAMORA REY		
			Name of Person	·	
		ZAMORA	TRANSPORT LLC		
			Firm/Company		
		719 S BERTHE AVE AP	T 15		
			Address		
		PANAMA CITY, FLORIC	DA 32404		
		ZAMORAREY1987@GM	City/State and Zip Code		
		<del>-</del>	to be used for future annual report noti	fication)	
For fi	arther information cor	neerning this matter, please ca	all:		
CAR	LOS ZAMORA REY	(	305 7730550		
	Name of I	Person	at () Area Code Daytim	e Telephone Number	
Enclo	sed is a check for the	following amount:			
<b>⊟</b> S:	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)	
	Registrat Division P.O. Box	SG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on Containing Containi	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ZAMORA TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L17000028497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: CARLOS ZAMORA REY Name of New Registered Agent: 719 S BERTHE AVE New Registered Office Address: Enter Florida street address

#### 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.

PANAMA CITY

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			☐ RenRove
			□ Change
			Rem <del>f</del> ve
			Change
<del></del>			
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			□ Change

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing.  Sote: If the date inserted in this block does not meet the applicable statuto locument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605,020 ry filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
Dated 7/26/2018	
/ ////////////////////////////////////	

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Typed or printed name of signee

Filing Fee: \$25.00