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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : INTERSTATE CARRIER SERVICE CORP
Account Number : 120160000043
Phone : (786) 346-6290
Fax Number : (305) 503-6979

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

Email Address: Interstatecarrierservice@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NSM TRANSPORT LLC

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MAR 06 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: NSM 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:

ADRIALYS VERA

Name of Person

NSM TRANSPORT LLC

Firm/Company

7900 NW 67 ST

Address

MIAMI FL 33166

City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOURDES GARCIA

786

3466290

at ()

Name of Person

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 32301FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301
17 MAR -3 AM 8:15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSM 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 02/22/2017 and assigned
Florida document number L17000041574

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9321 SW 4TH ST APT 105

MIAMI FL 33174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9321 SW 4TH ST APT 105

MIAMI FL 33174

17 MAR -3 AM 8:15
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
P	ADRIALYS VERA	9321 SW 4TH ST APT 105	☐ Add
		MIAMI, FL 33174	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
7 MAR -3 AM 8:15

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

Blank lines for amending information.

17 MAR -3 AM 8:15

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (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.

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 MARCH 1ST, 2017.

Adrialy Vera

Signature of a member or authorized representative of a member

ADRIALYS VERA

Typed or printed name of signer