L17000049256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Name Change

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COVER LETTER

Division of Corporations		**************************************
UBJECT: 55 TONS PO	Name of Limited Liability Company	•••
he enclosed Articles of Amendment and fe	ee(s) are submitted for filing.	
lease return all correspondence concerning	this matter to the following:	
Sergi	O Domin SILVA Name of Person	
55	PROSPORT MIAMI, L	16
10182	NW 3121 TERRACE	20 NOV
MIAM' Sigial	City/State and Zip Code Si Va	i con w sp
or further information concerning this man	,	fication)
Sargio D. Silva Name of Person	at (305) 347 Area Code Daytime	e Telephone Number
Inclosed is a check for the following amoun	nt:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		CHECK # 13.15
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee FI	porations (LEAVE) $8(4/\omega)$ Callahassee e Street, Suite 810



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2020

SERGIO SILVA SS TRANSPORT MIAMI, LLC 10482 NW 31ST TERRACE MIAMI, FL 33172

SUBJECT: SS TRANSPORT MIAMI, LLC.

Ref. Number: L17000049256

We have received your document for SS TRANSPORT MIAMI, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited liability company cannot convert into another Florida limited liability company. Pursuant to s. 605.0102(23)(a), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

If you are trying to change the name of the LLC you will need to complete the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 620A00020035

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 1 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "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) 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: 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.

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
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			Change
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			□Remove
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			□Add
			Remove
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			□ Add
			□ Remove
			□Change

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

ive date, if other than the date of filing: (optional) ective 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
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
d 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 ed.
1\ /1
OTTOBER 30th, 2020.
Signature of a member or authorized representative of a member
SPERIO D SILLA
Typed or printed name of signee CUECK # 1915 (3)
1/5 th 1/12 th
CIFU (1)
i