## 117000053501

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700296407637

700296407637 03/27/17--01015--014 \*\*25.00

MAR 2 8 2017 S. YOUNG 17 HAR 27 PM 2: 22

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: M8 H TRANSPORT, EXPORT TRAVEL & CONSULTING GROUPS, L
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HENRY A. NELSON Name of Person
SAME AS ABOVE Firm/Company
200 ROB ROY DRIVE
200 ROB ROY DRIVE  Address  CLERMONT FL 34711  City/State and Zip Code  Immastar 201070@ Jahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HENRY NELSON at (407) 620 - 0430  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  **Second Filing Fee***    \$30.00 Filing Fee &

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

•	<b>01</b>
	ANSPORTING & CONSULTING- GOODS. W.C.
(A Florida Limit	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 47000 53 50 1	any were filed on 03/07/2017 and assigned
L/7000/ 63501	
Florida document number 10000 5550	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	inhility company house
1 . 1	· · · · · · · · · · · · · · · · · · ·
MIFTI TRANSPORT, EXPORT, TRANS	Z, & GNSULTING GEOVPS, LLC
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Floring 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
	72
	# The second
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<b>*</b> (3)
	23 Jan
	office address on our records, enter the name of the new
<u>registered agent and/or the new registered office address h</u>	<u>ere</u> :
Name of New Registered Agent:	
	The state of the s
New Registered Office Address:	
	Enter Florida street address
	. Florida
we will be a second of the sec	City Zin 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 = A	uthorized Member		
Title M.G.R.	Name HENRY NELSON	Address 200 ROB ROY DRINE CLERMONT, FL 34711	Type of Action
			Remove
	1 0	•	Change
MARC	MONTHNESIAR SCOT WELSON	200 ROB ROY DONE CLOPHON PZ 34711	D Add
	Scott WELSON	CLOPHON PZ 34711	□ Remove
			☐ Change
	•	·	OAT
			□ Remoke <sup>'P</sup> , ©
			Change 2:
	<u> </u>		ည္ Add
		<del> </del>	☐ Remove
			☐ Change
	No		🗆 Add
			Remove
			☐ Change
	·		Add
			🗆 Remove
			□ Change

I WANT TO MEMBER (MH	BE KEC	oghise	D AS	4-111+11+	1911
MEMBER (M)	1NATE -	1-1-00	iritm's	<u> </u>	
				,	
		· · · · · · · · · · · · · · · · · · ·			
		<u>.</u>			
	·	······································			
			<del>,</del>	<del></del>	
		<del></del>			7
			· · · · · · · · · · · · · · · · · · ·		
			···		
			, <del>, , 7 11 2</del>		
tive date, if other than the date offective date is listed, the date must be spe	of filing: $\frac{3/2}{}$	2/17	.1 .00.1	(optional)	
: If the date inserted in this block do	es not meet the appl	licable statutory f	iling requiremen	ts, this date will n	ot be list
ment's effective date on the Departm	ent of State's record	us.			
ecord specifies a delayed effe		not an effectiv	e time, at 12	:01 a.m. on th	ie earli
e 90th day after the record is	; піеа.				
3/22/17					
<i>I</i> ,	\M				
////// 🔥 🛕	11604.				

Page 3 of 3

Filing Fee: \$25.00