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COVER LETTER

PRIECT: MACKDOG TVAWS povts UC. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Articles			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Ivis	Rodviguez Name of Person	
		_	
		Firm/Company	
	251 A	Arapaho Trail	
		Address	
	Kissin	rmee FL 3470	17
	a	City/State and Zip Code	
	irisrodul cu	ez 0814 a y ah o	o.com
For further information con			
Ivis Ro	dripuez	at (770) 316.	- 9566
Name of P	erson	Area Code Daytime T	elephone 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**

(Name of the Limited Liabi	DE Transports LLC lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 3: 53
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
***************************************	, Florida
New Registered Agent's Signature, if changing Registere	City Zip Code

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 = Ma AMBR = Au	nnager nthorized Member			
<u>Title</u>	Name	Address	Type of Action	<u>on</u>
MGR	Ivis Rodviguez	251 Ovapaho Trail Kissimmee Fl 34747	BAdd	
			□ Remove	
I woul	d like to change	my title from (AP)	Change)
to (h	(GR) I didn't	know which one wa	<u>}</u> □ Add	
the ashir	one I had to un	my title from (AP) know which one wa used. The bank is nge. Thy!	☐ Remove	
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ffective date, if other than the d an effective date is listed, the date must be lote: If the date inserted in this bloc ocument's effective date on the Dep	k does not me	et the applicab	CARC OF HIRITS OF	more than 90 days	optional) after filing.) Pu s, this date will	rsuant to 605.02 I not be listed	207 (: as ti
e record specifies a delayed of The 90th day after the recor		te, but not	an effective	e time, at 12:	01 a.m. on	the earlier	of:
ated 4 28 17				1			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00