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## **COVER LETTER**

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	gistration Sect vision of Corpo				
SUBJECT:	٢	lackdog Tran Name of Lim	sports, LL(	- 	
		Name of Lim	ited Liability Company		
The enclosed	d Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:	!	
		Ivis	Rodriguez !		
			og Transpo Firm/Company		
			Avapaho T. Address		
		Kissin	nmee Flori City/State and Zip Code	da 34747	
		Mackdogau E-mail address: (	$10^{10} \text{ com}$	report notification)	
For further in	nformation con	cerning this matter, please ca	all:		
<u> </u>	5 Rod Name of P	riguez	at (_770_))	316 - 9566 Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
<b>⊄ \$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is end)	Certificate (losed) Certified (	e of Status &
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 2e, FL 32314	Registrat Division Clifton B 2661 Exc	I/COURIER ADDRESS: ion Section of Corporations Building seutive Center Circle see, FL 32301	

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		PH 3: 50
MACKDOG Tran	nsports, LC	ALLAHACRY OF CH
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company v	were filed on June 20,2	
Iorida document number <u>L17000134507</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company " the designation "I I C" or	the abbreviation #1.1.C."
-		the above viation 1.1.4.6.
Inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
Inter new mailing address, if applicable:	****** <u>*******************************</u>	
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered off	ice address on our records, e	nter the name of the new
egistered agent and/or the new registered office address here		ance the name of the new
	Enso Servano	
Name of New Registered Agent:	60050 Jerrano	Garcia
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
iew Registered Agent's Signature, if changing Registered Agent:		

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

I

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>r removed from our records</u>:

## 1GR = Manager MBR = Authorized Member

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<u>'itle</u>	Name	Address	<b>Type of Action</b>
<u>lgr</u>	Iris Rodriguez	251 Arapaho Jruil	🖸 Add
		251 Arapaho Jruil Kissimmer Pl 34747	Remove
			Change
<u>(GR</u>	Alfonso Servano	251 Avapario Frail Kissimmee Pl 34747	XAdd
		Kissimmee Pl 34747	Remove
			Change
			Add
			C Remove
			Charles T
			Change Till Change
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			🖸 Add
			C Remove
			Change
	<u></u>		🗆 Add
			Remove
			🗆 Change

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



<u>Note:</u> 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.

f 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.

Т

Dated	7/27/17
	Signature of a member or authorized representative of a member
	Tvis Rodriguez Typed or printed name of signed

Page 3 of 3 Filing Fee: \$25.00