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COVER LETTER

TO: Registration Sec Division of Corp					
Richport Tr SUBJECT:	ansport LLC				
SUBJECT:	Name of Limi	ted Liability Company	_		
	Amendment and fee(s) are submitted the concerning this matter is				
	Victor Antonio Falu Gome	z			
	-	Name of Person	· · · · · · · · · · · · · · · · · · ·	-	
	Richport Transport LLC				
		Firm/Company		-	
	1132 Park Green Place				
		Address		-	
	Winter Park, FL 32789				
	richporttransport@gmail.co	City/State and Zip Code m		<u>.</u>	
		o be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	dl:		型 3	
Victor Antonio Falu Gon	nez	407 705-7776 at ()		· · · · · · · · · · · · · · · · · · ·	". <u>1</u>
Name of	Person	Area Code Daytime	Telephone Number	r ,	•
Enclosed is a check for th	ne following amount:				· ,
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

Richport Transport LLC		
(<u>Name of the Limited Liabilio</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L17000143106	Company were filed on 07/03/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Victor Antonio Falu Gomez	1132 Park Green Place, Winter Par	■ Add
			□ Remove
			Change
MGR	Glenda Liz Falu	1132 Park Green Place, Winter Par	Add
			☐ Remove
			
			□ Add
			☐ Remove
			□ Change
			Add 1
			C\Remove
			☐ Change
			□ ኢ/qq
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change

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			# <u></u>
ective date, if other than th	ne date of filing:		(optional)
reffective date is listed, the date m	nust be specific and cannot be prior to block does not meet the applicat	o date of filing or more than 90.	days after filing.) Pursuant to 605.0
	Department of State's records.	ore managery rung requirem	
	ed effective date, but not	an effective time, at 3	12:01 a.m. on the earlier
he 90th day after the re	cord is filed.		
L.L. 22	1 7 2017		
ted July 22	2017	_·	
	11/11		

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Typed or printed name of signee

Filing Fee: \$25.00