L17000159653

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

TO:	Registration S Division of Co				
eum III		OK TRANSPORT LLC			
SUBJE	.CI:	Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all corresp	ondence concerning this matter	to the following:		
		FELIX E RODRIGUEZ	Z DOMINGUEZ		_
			Name of Person		
		FERDK TRANSPORT L	LC		
			Firm/Company	4.4-	
		13060 SW 262 ND LN			
			Address	•	
		HOMESTEAD FLORIDA	33032		
			City/State and Zip Code		
		TAMY@MIAMIPROTAX	.COM to be used for future annual :	report patification)	
For furt	ther information.	concerning this matter, please ca		report nonneamon,	
		concerning this matter, preuse co		. 4505	
TALMAY DIAZA		at ()	R-6595		
	Name	of Person	Area Code	Daytime Telephone N	lumber
Enclose	ed is a check for	the following amount:			
\$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Ce losed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	Registrati Division Clifton B	I/COURIER ADDRE ion Section of Corporations uilding centive Center Circle	ess:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERDK TRANSPORT LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL17000159653	ere filed on and assig	ned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	7	-
<u>-</u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	37	
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		: the
	Enter Florida street address	
	. 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Felix E Rodriguez Dominguez	13060 SW 262 LN	Add
		HOMESTEAD FL 33032	🗀 Remove
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			07/24	/2017			
m effectiv	re date is listed, the da	in the date of filit ate must be specific a	nd cannot be prior t	o date of filing or	more than 90 days aft	tional) er filing.) Pursuant to 60	5.02
		this block does not the Department of		ble statutory fili	ing requirements, th	nis date will not be list	ted a
		•					
				an effective	time, at 12:01	a.m. on the earli	ier
The 90	th day after the	e record is filed	i.			2017 555 17A11	
	07 / 28		2017			7 JUL LÄHÄ	-
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	409	~ ·	2 /	7/			-
	-fes	Signature of a	a member or autho	rized representati	ve of a member	#H 9:	

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Filing Fee: \$25.00