Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : LAXMY'S CARRIER SERVICES

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: (305)640-8281

Fax Number

: (305)640-0282

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OHICKWAY TRANS LLC

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To:

COVER LETTER

TO:	Registration Sec Division of Corp					
~	•	AY TRANS, LLC				
SUBJE	CT:	Name of Limit	ted Liability Company			
		Amendment and fec(s) are subt				
Please r	eturn all correspor	ndence concerning this matter t	to the following:			
		ANDREA	A BANOL			
		publicame displayers 1 . 1 . 4	Name of Person	··		
		QUICKWA	Y TRANS, LLC			
			Firm/Company			
		6881 NW 179TH	IST STE 30!			
			Address	<u> </u>	2019	4.ومد
		HIALEAH, PL 330	015	<u> </u>	FC3	11
		LAXMYSCARRIER1@GN			26 /	ar mere e
		E-mail address: (to be used for future annual report notification	<u>:</u> ;	A 69	£
For fur	ther information co	oncerning this matter, please ca	all:	*	0	
LA?	XMY CHACON		305 640-0281	•		
	Name of	Person	Area Code Daytime Tel	uphone Number	•••	
Enclose	ed is a check for th	ne following amount:				
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling Fee & Certified Copy (additional copy is ruclosed)	Certificate of Certified Cop (additional copy	Status &	
	• — :	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cltv	Zip Code
	HIALEAH	Florida 33015
New Registered Office Address:	6881 NW 179TH ST SVE 301 Enter Florida street address	
Name of New Registered Agent:	ANDREA BANOL	
B. If amending the registered agent and/or the new registered off	or registered office address on ice address here:	our records, enter-the name of the
		5 (w
(Mailing address MAY BE A POST OFFICE B	<u>:0x)</u>	
Enter new mailing address, if applicable:		200 - 100 -
типпри одне вим за		2. 23
Enter new principal office address MUST BE A STREET		
Enter new principal offices address, if applied		
The new name must be distinguishable and contain the wo	rds "Limited Lasbility Company," the de	signation "LLC" or the abbreviation "L L.C."
A. If amending name, <u>enter the new name of t</u>	the limited liability company her	<u>re</u> :
This amendment is submitted to amend the follow	ving:	
Florida document number L17000175348	·	
The Articles of Organization for this Limited Lia	bility Company were filed on 08/1	and assigned
(Name of the Limited	Liability Company as it now appears Fiorida Limited Liability Company)	on our records.

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 us 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.

Page 1 of 3

red 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	Name	Address	Type of Action
P	ALAIN PONCE DE LEON UTLOA	201 FISHERMAN ST APT 146 OPA LOCKA, FL 33054	
			☐ Remove
			Change
VP	BENITO I. RODRIGUEZ	6881 NW 179TH ST STE 301 HIALEAH, FL 33015	
·			Remove
			☐ Change
			D Add
		Remove Change	
		DAdd D	
			☐ Change
		☐ Remove	
			☐ Change
			□ Add
		☐ Remove	
			□ Change

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Filing Fee: \$25.00