# L17000178104

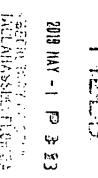
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Document Number)		
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MAY 1, 2013 T. LEMEUX

#### **COVER LETTER**

TRANSPO	ORTATION JM RIBEIRO LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOAO VICENTE ARDOV	INO RIBEIRO	
		Name of Person	· ·····
	TRANSPORTATION JM	RIBEIRO LLC	
		Firm/Company	
	2751 EMERALD ISLANE	DBLVD	
		Address	<del></del>
	KISSIMMEE, FL 34747		
	JOAOVICENTE ARDOVI	City/State and Zip Code NORIBEIRO@GMAIL.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
JOAO VICENTE ARD	ONVINO RIBEIRO	at () 697-8167 Area Code Daytime	
Name	of Person	Area Code Daytime	Telephone 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

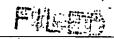
TO:

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

TRANSPORTATION JM RIBEIRO LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 HAY -1 P 3: 23 Florida document number L17000178704 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERVICES JM RIBEIRO LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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 <u>Title</u> <u>Address</u> Type of Action Name | \_□ Add

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<u>Note:</u>	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00