## L17000 194728

Office Use Only



200311747232

04/11/18--01011--018 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Marco Polo trucking, LEC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
marao Polo Esparza Name of Person
marco Polo trucking
2302 Sunrise Blub.
Marco Polo 1196 @ 9 mail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marco Polo Esparga at (772) 359-0731 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Type of Action Address** marco Polo Esparza 2302 Sunrise Bluj XAdd

Tt. Pierce, F134982 - Remove MGR □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_\_ □ Rem U Change 🗓 ୍ଦ୍ର D Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ 17000194728 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Florida Zip Code City 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

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ive date, if other than the date ective date is listed, the date must be sp	of filing:	o date of filing or more th	optional)	Pursuant to 605
If the date inserted in this block duent's effective date on the Depart	loes not meet the applica	ble statutory filing requ	irements, this date v	vill not be liste
one a cricenive date on the Depart	nent of state s records.			
cord specifies a delayed effo	ective date, but not	an effective time,	at 12:01 a.m. o	n the earlie
90th day after the record i	s filed.			=======================================
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Filing Fee: \$25.00