

L17000211350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

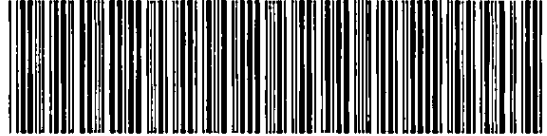
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 11 AM 5:43

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SEP 14 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IZM FROM Transport LLC  
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:

Heidy Rodriguez  
Name of Person

Union Carrier Services  
Firm/Company

5375 NW 74 Ave  
Address

Miami, FL 33166  
City/State and Zip Code

unioncarrierservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidy Rodriguez at (305) 392-035  
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  
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**

IZM From Transport LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/12/2017 and assigned  
Florida document number L17000211350.

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

848 Broken Sound Pkwy  
NW Apt 203  
Boca Raton, FL 33487

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

848 Broken Sound Pkwy  
NW Apt 203  
Boca Raton, FL 33487

**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:

848 Broken Sound Pkwy NW Apt 203  
Enter Florida street address  
Boca Raton, Florida 33487  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Zotes Martinez, Isidoro	848 Broken Sound	<input type="checkbox"/> Add
		Pkwy NW Apt 203	<input type="checkbox"/> Remove
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
118 SEP 11 AM 5:43

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 4, 2018

Isidoro Zotes Martinez  
member or authorized representative of a member

Signature of a member or authorized representative of a member

Isidoro Zotes Martinez

Typed or printed name of signee

**Detail by Entity Name**

Florida Limited Liability Company  
IZM FROM TRANSPORT LLC

**Filing Information**

**Document Number** L17000211350  
**FEI/EIN Number** NONE  
**Date Filed** 10/12/2017  
**Effective Date** 10/12/2017  
**State** FL  
**Status** ACTIVE

**Principal Address**

10860 NW 138 ST STE C3  
UNIT: 2993  
HIALEAH GARDENS, FL 33018

**Mailing Address**

10860 NW 138 ST STE C3  
UNIT: 2993  
HIALEAH GARDENS, FL 33018

**Registered Agent Name & Address**

ZOTES MARTINEZ, ISIDORO  
10860 NW 138 ST STE C3  
UNIT: 2993  
HIALEAH GARDENS, FL 33018

**Authorized Person(s) Detail****Name & Address**

Title MGR

ZOTES MARTINEZ, ISIDORO  
10860 NW 138 ST STE C3  
HIALEAH GARDENS, FL 33018

**Annual Reports**

No Annual Reports Filed

**Document Images**

10/12/2017 -- Florida Limited Liability

[View image in PDF format](#)

*Quinto Jr*  
*Director*  
*10/12/2017*



HEIDY RODRIGUEZ <unioncarrierservices@gmail.com>

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**Fwd:**

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**Alexander Sosunovych** <alexandersocunovych70@gmail.com>  
To: unioncarrierservices@gmail.com

Tue, Aug 28, 2018 at 4:00 PM

new address:  
848 Broken Sound Pkwy NW apt 203  
Boca Raton Florida 33487  
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