

L17000 239F00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

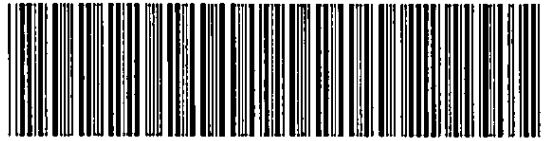
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 DEC 19 PM 10:25

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J. LEGGETT  
DEC 20 2017

**COVER LETTER**

**TO: Registration Section,  
Division of Corporations**

**SUBJECT:** CYC Transportation 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:

Yunier Resto Sanchez  
Name of Person

\_\_\_\_\_  
Firm/Company

3648 61st Street  
Address

N. St. Petersburg FL 33710  
City/State and Zip Code

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

For further information concerning this matter, please call:

Yunier Resto Sanchez at (727) 337-9908  
Name of Person Area Code Daytime Telephone Number

(813) 368-2772 (Estrella) \*

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



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

Name change ~~✱~~

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Yunier R Sanchez		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Yuniesky G. Sanchez		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Yunier Resto Sanchez		<input checked="" type="checkbox"/> Add <del>✱</del>
	Yunier Resto Sanchez		<input type="checkbox"/> Remove <del>✱</del>
			<input type="checkbox"/> Change
mgr	Yuniesky Guevara Sanchez		<input checked="" type="checkbox"/> Add <del>✱</del>
	Yuniesky Guevara Sanchez		<input type="checkbox"/> Remove <del>✱</del>
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amending information, crossed out with a diagonal line.

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STATE OF FLORIDA  
DEPARTMENT OF STATE

FILED

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 December 12 . 2017 .

Yunier Resto Sanchez  
Signature of a member or authorized representative of a member

Yunier Resto Sanchez  
Typed or printed name of signee