117000254766

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TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MSG TRANSPOR	IT LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Nata	lie Guzman Name of Person	
	General	Connection, LL	<u>C</u>
	3 S. Jo	hn Young Pkw	y, Ste1
	<u> Kissimm</u>	U, FL 34741 City/State and Zip Code	
	General Conne	o be used for future annual report not	COM ification)
For further information of	concerning this matter, please ca	lt:	
		_ at (407) 301-	6673
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
Ź \$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)
	ING ADDRESS:	STREET/COUR	
Divisio	ration Section on of Corporations	Registration Section Division of Corpo	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Co Tallahassee, FL 33	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSG Transport L	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company with Florida document number <u>L17000254766</u> .	vere filed on December 13, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ty company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	8 16
	N HE
	SSER RYLE
Enter new mailing address, if applicable:	PA EST
(Mailing address MAY BE A POST OFFICE BOX)	7: 07
	₩ Om
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	247 Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent. Signature of New Registered Agent

If amending A	Authorized Person(s) authorized to mana	age, enter the title, name, and address of eac	h person being adde
MGR = Ma	•		
<u>Title</u>	Name	Address	Type of Action
MGR	Wallace R. Gonzalez Blanes	13492 Applerose Ln	
		Orlando, FL 32824	□ Remove
			DPChange
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			Change
			□ Remove
			Change

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D. If ame	ending any other information, enter change(s) here	(Attach additional sheets, if necessary.)	
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E. Effecti	ve date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605.020	37 (21/L
Note:	If the date inserted in this block does not meet the applicab	ele statutory filing requirements, this date will not be listed a	is the
docum	ent's effective date on the Department of State's records.		
If the rea	and analism a dalament off about the total and		
(b) The	90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o	of:
Dated	January 8th, 2018		
	Simply of a mambay or and a	and transcompleting of a march of	
	Signature of a member or authori	zeo representative of a member	
	Natalle Gi	ızman	
	Timed or printed	name of ciones	

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Filing Fee: \$25.00