118000000 7594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700330272547

08/18/19---010/10---007 **30.00

19 HT 91

ڈ۔ ۔

Sound

COVER LETTER

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

ATR TRANSPORTATION LLC SUBJECT: __ 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: SALVADOR LDIPP Name of Person PREMIUM TAX SERVICES Firm/Company 6303 BLUE LAGOON DR SUITE 320 Address MIAMI, FL 33126 City-State and Zip Code saldipp@premiumtaxservices.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Salvador I Dipp Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ☐ \$55,00 Filing Fee & ■ \$30,00 Filing Fee & ☐ \$25,00 Filing Fee. Certificate of Status & Certified Copy Certificate of Status Certified Copy tadditional copy is enclosed). (additional copy is enclosed) STREET/COURTER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF

ATR TRANSPORTATION LLC				
(Name of the Limi	ted Liability Con (A Florida Limit	npany as it now appears (ed Lability Company)	on our records.)	
The Articles of Organization for this Limited I. Florida document number <u>L18000007594</u>	iability Compa	ny were filed on [170]	0/2018 and assign	ied
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the des	ignation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if appli	cable:	N/A	·	<u> </u>
(Principal office address MUST BE A STREA	ET ADDRESS)		19	
			25	
Enter new mailing address, if applicable:		N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE	(<u>BOX)</u>			·
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address l	f office address on here:	our records, <u>enter the name of</u>	the i
Name of New Registered Agent:	SALVADOR I DIPP			
New Registered Office Address:	6303 BLUE	LAGOON DR SUITE	320	
	Enter Florida steeet address			
	MIAMI		, Florida <u>33126</u>	
		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 a 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	Aurelinda Rosario Reynoso	2425 Morris Ave., Bsmt BRONX NY 10468	■ Add
			Remove
			☐ Change
			□ Remove
		Change	
			☐ Remove
			☐ Change
			_ □ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Change

N/A	
	06/11/2019
Effective date, if other than the c	date of filing: (optional)
Plan attention date is hered, the date must	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 000.02
<u>Note:</u> If the date inserted in this blood document's effective date on the Dep	eck does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date of the 1901	partition of the control of the cont
	of the data has not an effective time at 12.01 a.m. on the earlier
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier and is filed.
the 30th day after the reco	nd 15 med.
JUNE 11	2019
Dated	
	1) Bar
	Signature of a member or authorized representative of a member
,	
AMILCAR BOANERGE	ER TAVERAS BLANCO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00