

LIB 0000 11915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

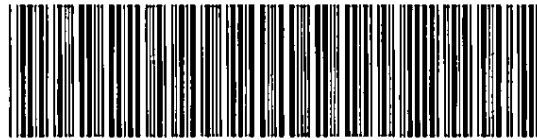
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800319766008

10/17/18--01056--022 **25.00

FILED

18 OCT 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple Diamond 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:

Oswaldo Aranda
Name of Person

Triple Diamond Transport, LLC.
Firm/Company

2741 12th AVE. N.E.
Address

Naples, FL. 34120
City/State and Zip Code

Triple D4@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio J. Garcia at (239) 692-4860
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 17 PM 3:31

FILED

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**

Triple Diamond Transport LLC
(Name 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 01/12/2018 and assigned Florida document number L18000011915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2741 12th AVE. NE.

Naples, FL. 34120

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2741 12th Ave NE.

Naples, FL. 34120

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:

Oswaldo Aranda

New Registered Office Address:

2741 12th AVE N.E.

Enter Florida street address

Naples
City

Florida

34120

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.

X



If Changing Registered Agent, Signature of New Registered Agent

FILED
OCT 17 PM 3:31
TALLAHASSEE, FLORIDA

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>
AMBR	Jorge Luis Delgado	17111 Charlee Rd.	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33955	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

FILED
18 OCT 17 PM 3:33
SECRETARY OF TALLAHASSEE, FLORIDA

[illegible]

(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)

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

Dated October 6, 2019

Signature of a member or authorized representative of a member

Osva Ido ARANDA
Typed or printed name of signer

FILED
18 OCT 17 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA