

18000020802

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DIVISION OF CORPORATIONS
18 MAY 21 AM 9:44

N COOPER

MAY 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NM 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 Inc
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) 392-1035
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 21 AM 9:46

NM 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 01/23/2018 and assigned
Florida document number L18000020802

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**)

8600 NW South River Dr
Medley, FL 33166

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8600 NW South River Dr
Medley, FL 33166

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:

Norlan J Moncada Gonzalez

New Registered Office Address:

8600 NW South River Dr

Enter Florida street address

Medley

City

Florida

33166

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

[Signature]
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>
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MGR	ARIDIO Popoteur	2527 W 76 St Apt 108 Hialeah FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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MGR	Norlan J Moncada Gonzalez	8600 NW South River Dr Medley, FL 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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(update address)

AMBR	Claudia J Rodriguez Rodriguez	8600 NW South River Dr Medley, FL 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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(update address)

_____	_____	_____	<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

18 MAY 21 AM 9:44

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05/14/2018

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.

[Dated]

May 14 2018

Signature of a member or authorized representative of a member

Norlan J Moncada Gonzalez

Typed or printed name of signee