# 118000026477

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Zystal Z Name of Lim	Lowing & LR ited Liability Company	ANSPORTATION, LI
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Caro,	Bongerson  Lowing Straw Firm/Company	ospotation, LLC.
	11130 Model	Circle East	<del>/</del>
	Borges Co	City/State and Zip Code  108760 Gnail to be used for future annual report notifi	Com fication)
For further information of	oncerning this matter, please ca	ıll:	
Ca10 Name o	BORGES of Person	at ( <u>561)</u> 920 Area Code Daytime	9 - 9876_ e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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:

TO:

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

19 Strans Portation, LLC ity Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 1-30-18 and assigned Florida document number <u>L 180000</u>26472 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

### 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAIO R BORGES	11130 Model CIR. FASE BOCARATOD, FL	Add
		BOCARATON, FL	Remove
		33428	Change
			Add
			Remove
			Change
			Add
		JASSAR THE	— <sub>&amp;</sub>
		SEEL FLORIDA	Add Remove
			D Change
			□ Add
			□ Remove
			Change
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			🗆 Remove
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. If amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)	
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	57	64
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than so Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, alb). The 90th day after the record is filed.	t 12:01 a.m. on	the earlier of:
Dated 2 - 2 - 2018.		
Signature of a member or authorized representative of a mem	nber	
Caro R-BORGES Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00