

48000036164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

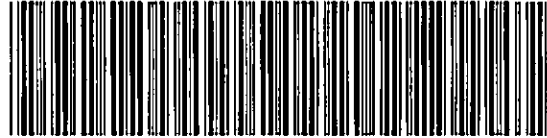
(Business Entity Name)

(Document Number)

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10/22/18--01015--008 **25.00

2018-10-22 10:16

FILED

10/31/18 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIPLE E'S 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:

EMILIO BIEN-AIME

Name of Person

TRIPLE E'S TRANSPORT LLC

Firm/Company

1561 SE NIEMYER CIR

Address

PORT SAINT LUCIE FL 34952

City/State and Zip Code

EMILIOBIENAIME@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILIO BIEN-AIME

954 638-5401

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
JUN 16 2016
916

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRIPLE HE'S 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 02/08/18 and assigned
Florida document number L18000036164.

This amendment is submitted to amend the following:

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

TRIPLE E'S TRANSPORT LLC

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)

1561 SE NIEMYER CIR PORT SAINT LUCIE FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1561 SE NIEMYER CIRC PORT SAINT LUCIE FL 34952

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:

EMILIO BIEN-AIME

New Registered Office Address:

1561 SE NIEMYER CIRC

Enter Florida street address

PORT SAINT LUCIE

Florida 34952

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 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.

Emilio Bien-Aime

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>
AMBR	BETTY J CARTER	901 SE BAHAMA AVE STUART FL 34994	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NAME OF THE COMPANY IS TRIPLE E'S TRANSPORT LLC

THE NEW ADDRESS IS 1561 SE NIEMYER CIRC PORT SAINT LUCIE FL 34952

AND BETTY J CARTER IS THE AUTHORIZED MEMBER OF THE COMPANY AND HER ADDRESS IS

901 SE BAHAMA AVE STUART FL 34994.

FILED
OCT 18 2018
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

10/18/18

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 10/18/18

Emilio Bien-Aime

Signature of a member or authorized representative of a member

EMILIO BIEN-AIME

Typed or printed name of signee