

L18000047019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TULSA, OKLA

K SAIY
APR 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Agafa 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:

Axed Vilfranc

Name of Person

Agafa Transport, LLC

Firm/Company

8770 SW 205th Circle

Address

Dunnellon, Florida 34431

City/State and Zip Code

agafatransport@gmail.com

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

For further information concerning this matter, please call:

Axed Vilfranc

863 510-9209
at ()

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**

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18 APR 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Agafa 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 02/21/2018 and assigned
Florida document number L18000047019.

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)

8770 SW 205th Circle
Dunnellon FL 34431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8770 SW 205th Circle
Dunnellon FL 34431

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

_____, Florida

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.

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>
MGR	Axed Vilfranc	8770 SW 205th Circle.	<input checked="" type="checkbox"/> Add
		Dunnellon, Florida 34431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fedna Vilfranc	8770 SW 205th Circle	<input type="checkbox"/> Add
		Dunnellon, FLorida 34431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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COUNTY OF ST. LUCIE
FLORIDA

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

updating Signers to act, needed to add Myself as Manger and change Fedna to AMBR, from Manager

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 April 2nd, 2018



Signature of a member or authorized representative of a member

Alex Vittrano

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2018

AGAFA TRANSPORT, LLC
AXED VILFRANC
8770 SW 205TH CIR.
DUNNELLON, FL 34431

SUBJECT: AGAFA TRANSPORT LLC
Ref. Number: L18000047019

We have received your document for AGAFA TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00007002

RECEIVED
2018 APR 18 AM 10:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA