(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

Division of Corp	porations		
TG-ER Tran			
Sobolici.	Name of Limi	ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Agustin Gonzalez		
		Name of Person	
	TG-ER Transport, LLC		
		Firm/Company	
	714 Country Woods Cir		
		Address	
	Kissimmee, FL 34744		
		City/State and Zip Code	
	pitogonzalez1976@gmail.co		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
Evelyn S. Ruiz		787 431-6293	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

TO:

Registration Section

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

(Name of the Limited Lial (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number L18000051557	y Company were filed on 02/26/	2018 and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
n/a			
The new name must be distinguishable and contain the words "L	limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	n/a —	. =	
(Principal office address MUST BE A STREET AD)	DRESS)	18 S	
		TP PRE	
		- CX	
Enter new mailing address, if applicable:	n/a		
(Mailing address MAY BE A POST OFFICE BOX)		→ 25°	
		<b>2</b>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office at   Name of New Registered Agent:  New Registered Office Address:			
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen	t and agree to act in this capa	wity. I further agree to comply with the duties, and I am familiar with and ster 605, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	Agustín Gonzalez	714 country Woods Cir. Kissimmee, FL 34744	₩ Add
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Not amending but adding the FEI	N 83-0564248 because	at the time of initial	filing I didn't have i	t
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tive date, if other than the date flective date is listed, the date must be s If the date inserted in this block of ment's effective date on the Depart	pecific and cannot be prior loes not meet the applic	able statutory filing		ing.) Pursuant to
ecord specifies a delayed eff e 90th day after the record		ot an effective tin	ne, at 12:01 a.r	n. on the ea
August 28	. 2018			
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Page 3 of 3

Filing Fee: \$25.00