

48000085293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

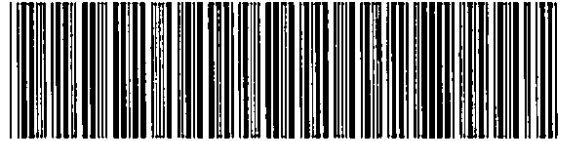
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
APR 08 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRANZ PORT IT, 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:

TISHA ENNIS

Name of Person

TRANZ PORT IT, LLC

Firm/Company

617 SW 107TH AVENUE

Address

PEMBROKE PINES, FLORIDA 33025

City/State and Zip Code

tranzportit@gmail.com

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

For further information concerning this matter, please call:

TISHA ENNIS

954

854-5207

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

FILED
2018 MAR 28 PM 3:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

TRANZ PORT IT, 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 06/11/2018 and assigned
Florida document number L18000085293.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13575 NW 5TH COURT, APT. 201

PEMBROKE PINES, FLORIDA 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13575 NW 5TH COURT, APT. 201

PEMBROKE PINES, FLORIDA 33028

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:

LORANZO BROWN

New Registered Office Address:

13575 NW 5TH COURT, APT. 201

Enter Florida street address

PEMBROKE PINES

City

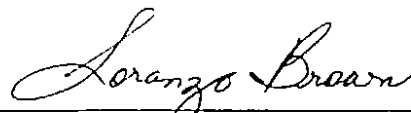
Florida

33028

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

AMBR = Authorized Member

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☐ Remove
☐ Change
☐ Add

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

EIN WILL BE CHANGED UPON COMPLETION OF THE AMENDMENT ON SUNBIZ.

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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 **MARCH 20**

2019

Signature of a member or authorized representative of a member

TISHA ENNIS

Typed or printed name of signee