

LI8000106187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

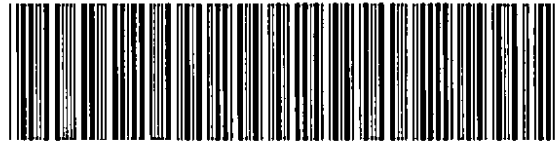
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 16 2019

FILED

19 JAN -8 AM 11:56

Amend

January 7, 2019

TO WHOM IT MAY CONCERN

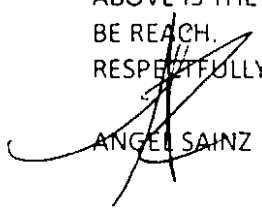
DEIVISION OF CORPORATIONS
REGISTRATION SECTION
TALLAHASSEE FL 32301

ANGEL SAINZ FERNANDEZ
2700 SABAL ALEXANDER CIRCLE
APT 224
LONGWOOD FLORIDA 32779

TEL # 813-233-6989

ABOVE IS THE INFORMATION WERE CERTIFICATION CAN BE SEND AND PHONE NUMBER WERE I CAN
BE REACH.

RESPECTFULLY


ANGEL SAINZ FERNANDEZ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FDZ 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:

ANGEL SAINZ FERNANDEZ

Name of Person

FDZ TRANSPORT LLC

Firm/Company

2700 SABAL ALEXANDER CIRCLE APT 224

Address

LONGWOOD FLORIDA 32779

City/State and Zip Code

FDZTRANSPORTLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ANGEL SAINZ FERNDANDEZ

813

233-6989

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**

FDZ 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 APRIL 27TH 2018 and assigned Florida document number L18000106187.

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)

ANGEL SAINZ FERNANDEZ

2700 SABAL ALEXANDER CIRCLE APT 224

LONGWOOD, FLORIDA 32779

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

_____. 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>
MGRM	HILDA FERNANDEZ RODRIGUEZ	2700 SABAL ALEXANDER APT 228 LONGWOOD FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input 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

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

REMOVING HILDA FERNANDEZ RODRIGUEZ FROM LLC AND LEAVING ANGEL SAINZ FERNANDEZ AS SOLE MANAGER

JANUARY 4TH 2019

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 JANUARY 4TH

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Signature of a member or authorized representative of a member

HILDA FERNANDEZ RODRIGUEZ

Typed or printed name of signee