## 118000110789

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## **COVER LETTER**

TO:		istration Secti ision of Corpo				
SUBJi	ret.	Labra Transpo				
สนองเ	E.C.I.			ted Liability Company		
			nendment and fee(s) are sub-	_		
				Name of Person		_
				Firm/Company		_
				Address		_
				City/State and Zip Code		_
r c	ale e e d			o be used for future annual re	eport notification)	
ror Jui	rtner ir	normation con	eerning this matter, please ca			
		Name of Pe	erson	at () Area Code	Daytime Telephone Number	r
Enclos	sed is a	check for the f	following amount:			
<b>च</b> \$2	:5,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific osed) Certifie	ate of Status &

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

Labra Transport LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000110789	were filed on 05/07/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13468 SW 281 ST	SLIC VISU
(Principal office address MUST BE A STREET ADDRESS)	Homestead FL 33033	00 PE 151
Enter new mailing address, if applicable:		9 00 TH 10 T
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the ne
Name of New Registered Agent:		* · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
MGR	Javier Gonzalez Labrador	13468 SW 281 St	
		Homestead FL 33033	Remove
			■ Change
AMBR	Luis Paredes Zamora	12401 W Okeechonee RD Lot 418	■ Add
		Hialeah Gardens Fl 33018	□ Remove
			Change
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ffective date, if other than th	e date of filing:	(optional)
Note: If the date inserted in this blocument's effective date on the I	lock does not meet the applicable statutory filin	g requirements, this date will not be liste
ocument's enective date on the t	repartment of State's records.	
	d effective date, but not an effective t	ime, at 12:01 a.m. on the earlie
The 90th day after the re-	cord is filed.	
June 25th Dated	2018	
	aui	

Page 3 of 3

Filing Fee: \$25.00