

9/26/2018

Division of Corporations

H180002806983

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ema group services@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAPITOL TRANSPORTATION LLC**

| | |
|-----------------------|---------|
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAPITOL TRANSPORTATION 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:

EMA Group Serv.
Name of Person
Yimi Rodriguez
Firm/Company
18302 SW 114TH CT
Address
MIAMI FL 33157
City/State and Zip Code
emaGroupServices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yimi Rodriguez
Name of Person
at 786 910-7213
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

H180002806983

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

H180002806983

KAPITOL TRANSPORTATION 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 5/2/18 and assigned
Florida document number L18000111072.

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)

2109 MORNING DR

ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2109 MORNING DR

ORLANDO, FL 32809

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:

MONTES DE OCA, ALAIN

New Registered Office Address:

2109 MORNING DR

Enter Florida street address

ORLANDO

Florida 32809

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.

Alain
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---|--|
| MGR | MONTE DE OCA, ALAIN | 126 EAST 45 STREET HIALEAH, FL 33013 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | MONTE DE OCA, ALAIN | 2109 MORNING DR ORLANDO, FL 32809 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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SUCCESSION OF STATE
ALAIN MONTE DE OCA, FLORIDA

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

THERE WAS A CHANCE OF ADDRESS.

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09/25/18

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 09/25/18

x Alain

Signature of a member or authorized representative of a member

MONTES DE OCA, ALAIN

Typed or printed name of signer

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