L18000127635

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N. CAUSSEAUX JUL 1 9 2018

COVER LETTER

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TO: Registration Sec Division of Cor			
SUBJECT: H	ANGLE TRANSP Name of Limi	POKT SERVICES, LO	<u>ec</u>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RAFAR V	IDAL GARCIA ALV	AREZ
		Name of Person	
	MANGLE TR	CANSPORT BERVICES	icce
		Firm/Company	
	11055 SW 1	86 ST., Suite #1	103
		Address	· · ·
	MIMMI, F	L 33157	
		City/State and Zip Code	
	mangletrans	port (a gmail · con	7
For further information co			reation)
RAPAEL V.	GALAIA ALVAREZ	2 at (305) 907-1.	210
Name of	Person	Area Code Daytime	Telephone Number
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### Please return all correspondence concerning this matter to the following: #### Please return all correspondence concerning this matter to the following: ###################################			
□ \$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



June 29, 2018

RAFAEL V. GARCIA MANGLE TRANSPORT SERVICES LLC 13750 SW 282ND STREET HOMESTEAD, FL 33033

SUBJECT: MANGLE TRANSPORT SERVICES LLC

Ref. Number: L18000127635

We have received your document for MANGLE TRANSPORT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form completed was for a corporation, not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00013591

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLCO TRANCPORT TO	ERNICET LLO	ان ان باد ان ان ا	
MANGLE TRANSPORT 50	ERVICES LLC		
(A Florida Limited	any as it now appears on our records.) Liability Company)		
	وحواميا		
The Articles of Organization for this Limited Liability Company	/ were filed on 05 22 2018	and assigned	
Florida document number <u>L 18 000 127 635</u> .		MA 10: 03	
This amendment is submitted to amend the following:		િ	
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:	11055 SW 186" STREE	T	
(Principal office address MUST BE A STREET ADDRESS)	SUITE # 103		
	MIAMI, FL 33157		
	11055 SW 186" STR	2EET	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	501TE # 103		
•	MIAMI, FL 33157		
B. If amending the registered agent and/or registered of		name of the new	
registered agent and/or the new registered office address her	<u>e</u> :		
	•		
Name of New Registered Agent:			
Navy Davistana (1975au Addressa)			
New Registered Office Address: Enter Florida street address			
	Florida	Lip Code	
	(A)	лу соше	

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>	Addres	<u>s</u>	Type of Action
MGR	RAFAEL VIDAL GARE	ia Alvarez	13750 sw 282 nd ST.	X Add
			HOMESTEAD, FL 33033	□ Remove
				Change
				□ Add
				Remove
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				🗆 Add
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Note: If	e date, if other that ive date is listed, the dathe date inserted in the tr's effective date on	this block does not	t meet the applic	able statutory :	or more than 90 d filing requireme	_ (optional) ays after filing.) Pur nts. this date will	suant to 605.0207 not be listed as t
The 9	rd specifies a del Oth day after the	e record is filed	d.				he earlier of
Dated	July	10		<u> </u>	7	P	
			a member or autho		•	•	

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Filing Fee: \$25.00