# 118000/33898

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

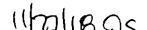




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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2018

ROLANDO MARTINEZ 7392 NW 35TH TER SUITE 305 MIAMI, FL 33122

SUBJECT: NUCLEAR MCY TRANSPORT, LLC

Ref. Number: L18000133898

We have received your document for NUCLEAR MCY TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00023476

## **COVER LETTER**

TO: Registration Se Division of Cor		•		
SUBJECT: <u>Nuclear</u>	MCY Transport, LLC. Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub-			
	Rolando Martinez	Name of Person		
	Royal Carrier Service	, LLC, Firm/Company	<u> </u>	
	_7392 NW 35th TER S	uite 305 Address	<del></del>	
	Miami, FL. 33122	City/State and Zip Code		
For further information of	safety@royalcarrierse E-mail address: ( concerning this matter, please co	rvice.com to be used for future annual report notif all:	ication)	
Rolando Martinez	of Person	at ( <u>305</u> ) <u>222-7116</u>	· Telephone Number	— —
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing f Certificate of Certified Cop, tadditional copy	Status & y
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nuclear MCY Transp	ort, LLC.		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appea .iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	11/19/2018	and assigned
lorida document number 1.18000133898			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company h	ere:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		·	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		,	P.2
3. If amending the registered agent and/or registered of		n our records, ente	r the name of the
egistered agent and/or the new registered office address here	<u>2</u> :		
Name of New Registered Agent:			 = 
		,	<del> </del>
New Registered Office Address:	Enter Flo	rida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR_	Martha Llaurado Same	5731 NW 37th StreetApt. #220	
		Virginia Gardens, FL. 33166	■ Remove
			Change
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ffective date, if an effective date if Note: If the date locument's effective date.	s listed, the date inserted in this	must be specific s block does no	and cannot be pot meet the ap	prior to date of tili plicable statuto	ing or more than 9 ry filing require	( <b>optiona</b> 0 days after filit ments, this da	ig.) Pursuant to 6	05.0207 isted as
e record spec The 90th da				not an effec	tive time, at	12:01 a.m	. on the ear	lier of
ated		November 1	<u>9</u> . <u>2018</u>	·				
					entative of a mem			

Page 3 of 3

Filing Fee: \$25.00