## 118000146452

(R	Requestor's Name)	<del></del>
(A	address)	
A)	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

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## **COVER LETTER**

SUBJECT:	Name of Lin	nited Liability Company	
he enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
ease return all correspond	dence concerning this matter	to the following:	
	AR	TURO M POLANCO	
		Name of Person	
	ARLANDA	TRANSPORTATION L	LC
	Firm/Company		
	919 NW 97TH AVE APT 204		
		Address	
	МІАМІ, Б	L. 33172	
		City/State and Zip Code	
	arturopolanco8	7@gmail.com (to be used for future annual	
for further information co	ncerning this matter, please of		report nourication;
ARTURO M POLANC	-	305 48	7-3227
Name of I	Person	at () Area Code	Daytime Telephone Numbe

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

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

## STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARLANDA TRAN		ION ELC  try as it now appears on our records.)  Liability Company)	
(A Flo	orida Cimited I	Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000146452	ty Company	were filed on 06/13/2018 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the words	Limited Liabi	lity 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)		919 NW 97TH AVE APT 204	
		MIAMI, FL. 33172	
		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		919 NW 97TH AVE APT 204 MIAMI, FL. 33172	
Name of New Registered Agent: N/	<u>'</u> A		
New Registered Office Address:		Enter Florida street address	
_		Florida,	
		City ST Code	

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.

New Registered Agent's Signature, if changing Registered Agent:

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
		N/A	
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			☐ Change
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		10: 00 m
	t be specific and cannot be prior to date of filing or nock does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0207 in requirements, this date will not be listed as t
ne record specifies a delayed The 90th day after the rec		time, at 12:01 a.m. on the earlier of:
JULY 10	2018	
artu	Signature of a member or authorized representative	e of a member
	MBR	
·	Typed or printed name of signee	

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Filing Fee: \$25.00