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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 Phone : (305)670-1991 Fax Number : (305)670-1993

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

Email /	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLANA TRANSPORT COMPANY LLC

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SEP 3 0 2019

From: Paola Sanchez

Fax: 17864757424

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

Page: 3 of 5

09/27/2019 10:15 AM

OF

GLANA TRANSPORT COMPANY LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)			
The Articles of Organization for this Limited Liability Company we	and assigned			
Florida document number 1.18000209706				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
-				
		2019 S		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	A	2 - 11.		
-				
to the state of th				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, ent	ယ		
		0		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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

From: Paola Sanchez Fax: 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 09/27/2019 10:15 AM
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

Title	<u>Name</u> ASCIUTTO, OSCAR II	<u>Address</u> 7226 SW 53 AVE	Type of Action
MGR			
		MIAMI, FL 33143	≅ Remove
			Remove
	OTROCULADA DEDOLO	2024 NW 62 AND	Change
MGR	CUCCHIARA, SERGIO	7226 SW 53 AVE	■ Add
		MIAMI, FL 33143	
			Remove
			Change
			2
			□ Remove (**)
			Ghange
			□ Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change

Page 3 of 3

Typed or printed name of signeo

dignature of a member or authorized representative of a member

ASCIUTTO, OSCAR H