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## **COVER LETTER**

Division o	Corporations		
	ND TRANSPORT LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articl	of Amendment and fee(s) are submitted for tiling.		
Please return all cor	spondence concerning this matter to the following:		
	ROBERTO MACHADO		
	Name of Person		
	SIMPLEX GROUP		
	Firm/Company		
	5800 NW 74TH AVE		
	Address		
	MIAMI, FL 33166		
	City/State and Zip Code rmachado@simplexgroup.net		
	E-mail address: (to be used for future annual report notification)		
For further informa	on concerning this matter, please call:	: <del>3</del>	
Roberto Machado	305 599-8287 at ()	10 100 10	
N	ne of Person Area Code Daytime Telephone Number	7.0	
Enclosed is a check	or the following amount:	ر. زغ	- 空の - 岩圏
■ \$25.00 Filing F	E □ \$30,00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	-	(10.88 (10.88 (10.88)

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARAND TRANSPORT LLC			
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were	filed on 11/6/2018	and assign	ed
Florida document number L18000245008			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the at	obreviation "L.L.C.	<del></del>
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)			
		<u> </u>	
			; <u> </u>
B. If amending the registered agent and/or registered office a	address on our records, enter	the nametof	the n
registered agent and/or the new registered office address here:		(5)	
Name - Chiese Designand Agents		ئ	
Name of New Registered Agent:			 ;;
New Registered Office Address:	Enter Florida street address	- <del>1</del> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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	, Florida	Zip Code	
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## 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>	Address	Type of Action
MGR	IVETT GARCIA	10664 SW 144TH CT MIAMI, FL 33186	■ Add
			□ Remove
			□ Change
MGR	VICTOR ANDARCIO	10664 SW 144TH CT MIAMI, FL 33186	Add
			■ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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. Effective da	ate, if other than the date is listed, the date mus	date of filing	g:		(ор	tional)	
(If an effective	date is listed, the date mus date inserted in this bl	t be specific and ack does not n	l cannot be prior neet the amplic	to date of filing or mable statutory filin	ore than 90 days af g requirements, t	ler filing.) Pursuant to 6 his date will not be li	05.02 isted a
document's	effective date on the D	partment of S	tate's records.		<b>5</b> 1		
	specifies a delayed a day after the rec			t an effective t	ime, at 12:01	a.m. on the ear	lier
, NOV	EMBER 6		2018	^			
Dated		:	·	In I			
		Signature of a 1	member or auth	orized representative	of a member		

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Typed or printed name of signee

Filing Fee: \$25.00