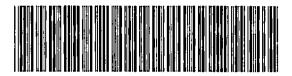
118000285925

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

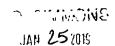
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
		opez Transport LLC					
SUBJE	CT:	Name of Lim	ited Liability Company				
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Pedro Garcia Mora					
		Garcia & Lopez Transport	Name of Limited Liability Company ce(s) are submitted for filing. g this matter to the following: Mora Name of Person cz Transport LLC Firm/Company Vay Address L.34744 City/State and Zip Code notmail.com nail address: (to be used for future amunal report notification) ter, please call: 407 350-9694 at (
		Firm/Company					
317 Magical Way							
			Address				
	Kissimmee, FL 34744						
		abigail_lohe@hotmail.com	Address City/State and Zip Code to be used for future annual report notification) all: 407 350-9694				
				lication)			
		oncerning this matter, please co	all:				
Abigail	Lopez						
	Name of	(Person	Area Code Daytim	e Telephone Number			
Enclosed	I is a check for th	se following amount:					
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
		ING ADDRESS:	STREET/COURI Registration Section				

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garcia & Lopez Transport LLC		.)
(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Florid	a Limited Liability Company)	, 2
The Articles of Organization for this Limited Liability (Component work 61 rd on 12/12/2018	and assigned
		and assigned
Florida document number 1.18000285925		
		· ·
his amendment is submitted to amend the following:		S
A. If amending name, enter the new name of the lim	nited liability company here:	
is it amending name, enter the new name of the min	internative Company nere.	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Internous principal offices address if applicables		
Enter new principal offices address, if applicable:	•	
<u>Principal office address MUST BE A STREET ADD</u>	<u>RESS)</u>	
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
Maning duaress MAT BE A FOST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or regis	stered office address on our records, o	enter the name of the
egistered agent and/or the new registered office add		
Name of New Registered Agent:		
N D : 100 AH		
New Registered Office Address:	Enter Florida street address	
	Liner i worden sir een daaress	
	, Flori	da
	City	da 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, 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
AMBR	Abigail Lopez Hernandez	317 Magical Way Kissimmee, FL 34744	Add
			Remove
AMDD	Abigail Lopez	217 Manipal Way	. □ Change
AMBR	Aoigan Lopez	317 Magical Way Kissimmee, FL 34744	
			□ Remove
			Change
			☐ Remove
			Change
		.	□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

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			•
			
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			<u></u>
			<u> </u>
			
			
ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a tument's effective date on the Department of State's re-	ipplicable statutory i	(opt r more than 90 days after than 90 days after thing requirements, the	ional) er filing.) Pursuant to 605.0 is date will not be fisted
record specifies a delayed effective date, but he 90th day after the record is filed.	it not an effectiv	e time, at 12:01	a.m. on the earlier
ed January 15, 2019 May	sil Legy		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00