## L19000047510

(Request	or's Name)
(Address	)
(Address	)
(City/State	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

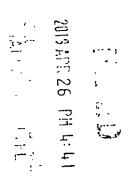
Office Use Only



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R. WHITE KIY 0 8 2019



## **COVER LETTER**

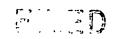
TO:	Registration Division of	n Section Corporations			
CHD I	ECT:	SOUTHSHORE	TRAMS	SPORT LLC	
SUL	ECT	Na	ume of Limit	ed Liability Company	
The er	nclosed Article	s of Amendment and fee(	s) are subm	nitted for filing.	
Please	return all corre	espondence concerning th	nis matter to	o the following:	
			Vι	CTOR GIL Name of Person	
		<del></del>		Name of Person	
		<del></del>		Firm/Company	
		15529	LONG	CYPRESS DR.	
		, ,	· · · ·	Address	
		Rusk	14 - F	FL - 33573 City/State and Zip Code	
				•	
		<u> 5007H</u> E-mail	SHORE l address: (to	TRANSPORTLLC Q 6	MAIL . COM iffication)
For fu	rther informati	on concerning this matter	, please cal	11:	
	VICT	OR GIL	<del></del>	at (813) 720 - Area Code Daytin	9750
	(Na.	ne of Person		Atea Code Daytii	ne retepnone vannoer
Enclos	sed is a check f	or the following amount:			,
□ \$2	5.00 Filing Fe	e □ \$30.00 Filing F Certificate of		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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



	SHORE TRANSPORT L		019 APR 26 PH 4: 41
(Name of the Limited	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 1900004</u> +		07-18-201	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	VICTOR G	L	<del></del>
New Registered Office Address:	15529 LONG CYPRES	da street address	
	Ruskin	, Florida _	33573 Zip Code
	City		гір Соае

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>	<u>Address</u>	Type of Action
MGR	YAMELIS IZQUIERDO		
		15529 LONG CYPRESS DRRUSKIN-FL-3357	Remove
MCB			Change
MGR AMBR	VICTOR GIL	15529 LONG CYPRESS DR RUSKIN - FL- 33573	<u>≯</u> ∧dd
			□ Remove
			Change
			🗆 Add
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Note: If the	te, if other than the date of filing:	605.020 listed a
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ead day after the record is filed.	rlier
Dated	APRIL 22 . 7019	
-	Signature of a member or authorized representative of a member	-

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Filing Fee: \$25.00