49000064792

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· (Business Entity Name)			
(Document Number)			
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COVER LETTER

	Registration Se Division of Cor					
SUR IFO	VEN-MEX	AUTO TRANSPORT LLC				
, ob., i.e.	'	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		JORGE A MARIN ANZIA	NNI			
			Name of Person			
		4200 SUMMIT CREEK B	Firm/Company			
			Address			
		ORLANDO, FL 32837				
		alexmanuelmarin@gmail.co				
or furthe	r information c	E-mail address; (i oncerning this matter, please ca	to be used for future annual report notifiall:	ication)		
4200 SUN		BLVD APT 9301	407 371-2608			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
325.0 \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	■ \$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

VEN-MEX AUTO TRANSPORT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/05/2019	and assigned
Florida document number L19000064792		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 9
Principal office address MUST BE A STREET ADDRESS)		
		DO CO
Enter new mailing address, if applicable:		THE ST
Mailing address MAY BE A POST OFFICE BOX)		
		15
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	8 00 11	
	Enter Florida street address	
	, Florida _	
	Cin	7in 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
MGR	OSVALDO U QUEZADA BEDOLLA	4200 SUMMIT CREEK BLVD APT 9301 ORLANDO, FL 32837	
			■ Remove
			Change
			Add
			☐ Remove
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ist be specific and cannot be prior flock does not meet the applic	to date of filing or more than 90 datable statutory filing requirement	tys after filing.) Pursuant to 605.0207 (3
f the record specifies a delaye b) The 90th day after the red		ot an effective time, at 12	2:01 a.m. on the earlier of:
Dated	2019	·	
	-lay M	orized representative of a member	
	Signature of a Member or auth	orized representative of a member	
30	orge Nor	ed name of signee	

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Filing Fee: \$25.00