

L19000115680

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DS BUSINESS CONSULTANTS, LLC
Account Number : I20190000087
Phone : (954)256-8117
Fax Number : (954)271-3304

****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
SERVICIOS DE TRANSPORTE VENEZUELA GUYANA 2017, LLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERVICIOS DE TRANSPORTE VENEZUELA GUYANA 2017, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Diaz

Name of Person

DS BUSINESS CONSULTANTS LLC

Firm/Company

1489 SE 17th Street, Suite 2J

Address

Fort Lauderdale FL 33316

City/State and Zip Code

juan.diaz@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Diaz

at (954)

256-8117

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICIOS DE TRANSPORTE VENEZUELA GUYANA 2017, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/29/2019 and assigned
Florida document number L19000115680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SERVITRANSVENCA 2017, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10010 HAMMOCKS BLVD APT 203

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI FL.33196-3760

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	IRAN GERMAN ALIJ	10010 HAMMOCKS BLVD APT203	<input checked="" type="checkbox"/> Add
		MIAMI FL.33196-3760	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHAN JOSE BLANCO DAVID	10010 HAMMOCKS BLVD APT203	<input checked="" type="checkbox"/> Add
		MIAMI FL.33196-3760	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a **delayed effective date**, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 16th, 2020

Signature of a member or authorized representative of a member

IRAN GERMAN ALLI

Typed or printed name of signee

Filing Fee: \$25.00