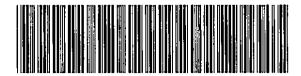
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(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	S. Lazaro Transpo	ort USA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alina	Martel Name of Person	
		Firm/Company	
	11622 NW 91	et PL Address	
	Hialeun bara	Jens, FL 33018	
	Jorgekarle	City/State and Zip Code Oyuhoo.com	
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please co	all:	
Alina Ma	rtel of Person	at (<u>786</u>) 3	03 - 0 700 4 Daytime Telephone Number
Enclosed is a check for the	he 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		, <u>Street Add</u> Registrati	ress: ion Section
Division of C	Corporations	Division	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2020

ALINA MARTEL 11622 NW 91ST PL HIALEAH GARDENS, FL 33018

SUBJECT: S. LAZARO TRANSPORT USA LLC

Ref. Number: L19000162742

We have received your document for S. LAZARO TRANSPORT USA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00009705

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S. LAZUYO TYANS POT (Name of the Limited Liabili	Ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 19000 62 742</u>	Company were filed on 6/20/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	RESS)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Designated Agent's Signature if shanging Designate	•

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>	Name	Address	Type of Action
MGRM	Alina Martel	11622 NW 915t PL	□ Add
		11622 Nw 915t PL Hialeah bardens, FL 33018	□Remove
			Change
			□Add
			∐Remove
			□ Change
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ective date	, if other than the date c is listed, the date must be sp	of filing:	rior to date of filing	e or more than 90 d	_ (optional) avs after filing.) Pu	irsuant to 605.020
te: If the da	ite inserted in this block do	es not meet the ap	plicable statutory	filing requireme	ents, this date wil	I not be listed as
cument's eff	ective date on the Departn	ient of State's reco	ras.			
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