

L19 000165073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

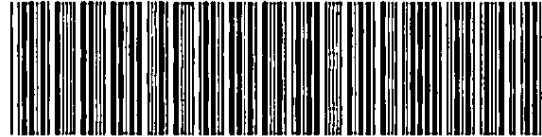
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# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: M.P.L. TRANSPORTATION, 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:

JORGE ENRIQUE PEREZ LEYVA

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

5025 GOLDENROD PLACE RD

\_\_\_\_\_  
Address

WINTER PARK, FL, 32792

\_\_\_\_\_  
City/State and Zip Code

GEORGELEYVA2018@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE ENRIQUE PEREZ LEYVA

786

906-3674

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

The 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**

M.P.L. TRANSPORTATION, 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 06/24/2019 and assigned  
Florida document number L19000165073.

This amendment is submitted to amend the following:

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

M.P.L. MULTISERVICES, 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:**

(Principal office address MUST BE A STREET ADDRESS)

5025 GOLDENROD PLACE RD

WINTER PARK, FL. 32792

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5025 GOLDENROD PLACE RD

WINTER PARK, FL. 32792

**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: JORGE ENRIQUE PEREZ LEYVA

New Registered Office Address: 5025 GOLDENROD PLACE RD

*Enter Florida street address*

WINTER PARK

*City*

Florida 32792

*Zip Code*

**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 understand 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**



amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

MGR = Manager  
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOEL MIRANDA ESQUIJAROSA	5025 GOLDENROD PLACE RD	<input checked="" type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIOLEXIS PEREZ MIYARES	16720 SW 278 ST	<input type="checkbox"/> Add
		HOMESTEAD, FL. 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



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

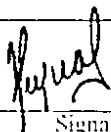
Effective date, if other than the date of filing: 01/01/2021 (optional)

(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.

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 is filed.

dated DECEMBER 27TH 2020



Signature of a member or authorized representative of a member

JORGE E PEREZ LEYVA

Typed or printed name of signer