

L19000209172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

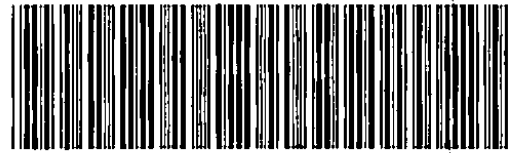
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/19--01023--001

SEP 25 AM 10:40
TALLAHASSEE, FL

2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAK 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:

Kevin S. Alvarez

Name of Person

MAK TRANSPORTATION LLC

Firm/Company

10153 Lee Vista Blvd. Apt 4-202

Address

Orlando FL 32829

City/State and Zip Code

kalvarez@makshuttles.com

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

For further information concerning this matter, please call:

Kevin S. Alvarez

516 324-5992

at ()

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

MAK 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 8/21/2019 and
Florida document number L19000209172.

This amendment is submitted to amend the following:

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

n/a

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

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kevin S. Alvarez

New Registered Office Address:

10153 Lee Vista Blvd. Apt. 4-202

Enter Florida street address

Orlando

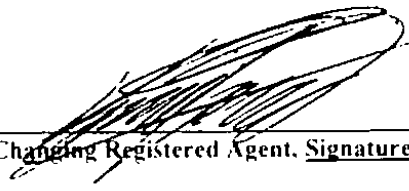
Florida 32829

City

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Kevin S. Alvarez	10153 Lee Vista Blvd. Apt. 4-202	<input type="checkbox"/> A
		Orlando Fl. 32829	<input type="checkbox"/> R
			<input checked="" type="checkbox"/> C
MGR	Maribel Hernandez	10153 Lee Vista Blvd. Apt. 4-202	<input type="checkbox"/> A
		Orlando Fl. 32829	<input type="checkbox"/> R
			<input checked="" type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Rel
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
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			<input type="checkbox"/> Rem
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Chan

We are requesting the change from OPMG and VOPM to MGR

And Previous Registered Agent (Spiegel & Utrera, P.A.) to Kevin S. Alvarez to new registered agent.

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 6

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
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 ear
(b) The 90th day after the record is filed.

Dated

9/24/2019

Signature of a member or authorized representative of a member

Kevin S. Alvarez

Typed or printed name of signer