L19000265276

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COVER LETTER

TO:

TO: Registration So Division of Co		•	•
MIA TRA	NSTELLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATALIA ARROSA		
		Name of Person	
	MIA TRANSIT LLC		
		Firm/Company	
	11016 SW 123 CT		
		Address	
	MIAMI FL 33186		
		City/State and Zip Code	
	MIATRANSIT@AOL.COM		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
NATALIA ARROSA		786 251-0488	
Name (of Person		ne Telephone Number
Enclosed is a check for t	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 Addres		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Lim</u>	ited Liability Company as it now appears of (A Florida Limited Liability Company)	i aur records.)
The Articles of Organization for this Limited I Florida document number 1,19000265276	Liability Company were filed on 11/05	and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or	registered office address on our reco	rds enter the name of the new registers.
agent and/or the new registered office addre		day enter the name of the new registered
Name of New Registered Agent:	Natalia Arrosa	. 28
New Registered Office Address:	10387 SW 186TH ST #243	
	Enter Florida	street address
	Miami	Florida 33157
	City	Zip Tale
New Registered Agent's Signature, if changing	Registered Agent:	1:0
I hereby accept the appointment as register provisions of all statutes relative to the projectory the obligations of my position as regulating filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my distered agent as provided for in Cha registered office ad <mark>d</mark> ress, I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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>	Type of Action
AMBR	Natalia Arrosa	10387 SW 186TH ST #243 MIAMI FL 33157	= Add
			□Remove
			□Change
AMBR Raydel Perez	Raydel Perez	10387 SW 186th St #243 Miami FL 33157	□Add
			■Remove
			□Change
			🗆 Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

·	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ye date, if other than the date of filing:
e 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 ed.
Dated _	OCCIDOS 21 2021 Signature of a member or authorized representative of a member
	NUALIA ACOSA Typed or printed name of signee

Filing Fee: \$25.00