

L19 000 269058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

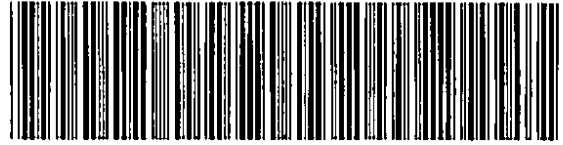
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800347754138

08/03/20--01035--002 \*\*25.00

2020 AUG -3 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

SEP 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MMB 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:

Herman Miller

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

MMB Transportation LLC

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

4460 NW 43ct

\_\_\_\_\_  
Address

Lauderdale Lakes, FL 33319

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

mmbtransportationllc@gmail.com

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

For further information concerning this matter, please call:

Herman Miller

954

235-1721

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 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**

MMB 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 10/28/2019 and assigned  
Florida document number L19000269058.

This amendment is submitted to amend the following:

**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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4460 NW 43ct Lauderdale Lakes, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4460 NW 43ct Lauderdale Lakes, FL 33319

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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>                      |
|--------------|------------------|---|--|
| AMBR         | Miller, Herman   |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  | 4460 NW 43ct Lauderdale Lakes, FL 33319             | <input checked="" type="checkbox"/> Change |
| AMBR         | Belcher, Brandon |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  | 4309 W. Atlantic Blvd Apt #913 Coconut Creek, FL 33 | <input checked="" type="checkbox"/> Change |
| AMBR         | Mccall, Emanuel  | 4430 NW 43rd St Lauderdale Lakes, FL 33319          | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
| AMBR         | Richard, Djenald | 4540 NW 7th St Plantation, FL 33317                 | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
| AMBR         | Prospere, Benson | 10021 sw 12th st Pembroke Pines, Fl 33025           | <input checked="" type="checkbox"/> Add    |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |
|              |                  |   | <input type="checkbox"/> Add               |
|              |                  |   | <input type="checkbox"/> Remove            |
|              |                  |   | <input type="checkbox"/> Change            |

SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 AUG 3 PM 4:29  
FILED

2020 AUG - 3 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG -3 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FL.

FILED

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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Herman M.

Typed or printed name of signee

**Filing Fee: \$25.00**