Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000081973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : I20130000095

: (305)558-1685

Fax Number

: (305)558-4835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTEVEZ ENTERPRISES LLC

Certificate of Status	0
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APR 0 7 2020



April 6, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

ESTEVEZ ENTERPRISES LLC 18140 NW 59 AVE SUITE 104 HIALEAH, FL 33015US

SUBJECT: ESTEVEZ ENTERPRISES LLC

REF: L20000053782

We have received your document for ESTEVEZ ENTERPRISES LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000081973 Letter Number: 720A00007353

2020 APR -6 PM 4: 53

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ESTEVEZ ENTERPRISES LLC		
(Nam	e of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for thi	s Limited Liability Company were filed on	04/06/2020	and assigned
Florida document numberL	20000053782		
This amendment is submitted to am	end the following:		
A. If amending name, enter the n	ew name of the limited liability company her	<u>re</u> :	
ESTEVEZ GENERAL TRANSPORT	LLC		
he new name must be distinguishable and	contain the words "Limited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices addre	ss, if applicable:		
Principal office address MUST BI			
			20
			2020 A
Enter new mailing address, if app	licable:		APR.
Mailing address MAY BE A POST	OFFICE BOX)		6
			र गा
	-	- 4.	<u> </u>
B. If amending the registered age agent and/or the new registered o	nt and/or registered office address on our re	cords, <u>enter the par</u>	ne of the new registere
Name of New Registered	Agent:		
New Registered Office Ac	dress:		
	Enter Flori	da street address	
		, Florida	
	Citv		Zin 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>	Address	Type of Action
	•		□Remove
			Change
			□ Remove
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			□Remove
			Change

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