

(Re	questor's Name)		
(Ade	dress)		
(Add	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu:	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		

Office Use Only



900346095619

08/12/20=-01018--004 **39.00

12 T 12:26

R WHITE.
JUL 0 1 2020

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
S110 EE2		RANSPORT LLC		
SUBJEC		Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Ruben Baez Vega		
			Name of Person	<u></u>
		Ruben Bag	3 Ve 30. Firm/Company	
		11701 Palm Lake Dr. Ap		
			Address	
		Jacksonville, FL 32218		
			City/State and Zip Code	·
		r.baeztransport@gmail.co	om to be used for future annual report not	(dt(d()
For furth	er information c	oncerning this matter, please c		maan
	Baez Vega		787 205-1923	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed	I is a check for th	he following amount:		
□ \$25.	(0) 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 Registration 5	Section	Street Address: Registration So	
	Division of C	Corporations	Division of Co	rporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 mg 12 mg

R.BAEZ TRANSPORT

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(,,,,	And Paristed Paristry Company	
The Articles of Organization for this Limited Liabilit	y Company were filed on April 27, 2020	and assigned
Florida document number L20000112664	 '	
This amendment is submitted to amend the following	<u>;</u>	
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 "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registe		er the name of the new regis
agent and/or the new registered office address her	œ:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Eileen H. Rivera Mullan	11701 Palm Lake Dr. Apt 1315 Jacksonville, FL. 32218	□Add
			i Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove

If amending any ot		ter change(s) here:			
	My EIN	/ number	85-0820	496 was	
Change	t for	85-13232	63 be	496 was cause not	<u>. </u>
maich	i with	my L	LC Compa	ny name	·
Note: If the date inse	ed, the date must be speci	fic and cannot be prior to control meet the applicable		(optional) 00 days after filing.) Pursuan ements, this date will not	
cord is filed.				urlier of: (b) The 90th d	ay after the
Dated <u>June</u>	8	. 2020_			
Dated <u>June</u>	Ruben Ba Signatur	e of member prauthorize	ed representative of a men	nber	
	Auben (bdez vega Typed or printed n	ame of signee	-	

Filing Fee: \$25.00

State of Florida Department of State

Lecrity from the records of this office that R.BAEZ TRANSPORT LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 27, 2020, effective April 25, 2020

The document number of this company is 1.20000112664.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 200428181626-000343794120#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Eighth day of April, 2020



Laurel M. Lee Secretary of State

Date of this notice: 06-08-2020

Employer Identification Number:

85-1323263

Form: SS-4

Number of this notice: CP 575 B

R BAEZ TRANSPORT LLC RUBEN D BAEZ VEGA SOLE MER 11701 PALM LAKE DR APT 1315 JACKSONVILLE, FL 32218

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN \$5-1323263. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 539, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is REAE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CF 575 B

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-08-2020 EMPLOYER IDENTIFICATION NUMBER: 85-1323263

FORM: SS-4

HOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idaddddalalalalalladlaaddallalalal R BAEZ TRANSPORT LLC RUBEN D BAEZ VEGA SOLE MBR 11701 PALM LAKE DR APT 1315 JACKSONVILLE, FL 32218