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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section O: **Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	TEMPORARY '	TRAFFIC CONTROL LLC	
	Name of Li	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Vianca Traspuesto	
		Name of Person	
	TEM	PORARY TRAFFIC CONTROL	LLC
		Firm/Company	
		7040 SW 110th PL	
		Address	
		Miami, FL 33173	
		City/State and Zip Code	
		uests@temporarytraffic.com	
	E-mail address:	to be used for future annual report no	otification)
For further information of	concerning this matter, please of	all:	
Vianca Tras	puesto	305 926-7093	
Name o	f Person	Area Code Dayr	ime Telephone Number
Enclosed is a check for the	be following amount:		
	<del>-</del>	_	
■ \$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 Registration S		Street Address:	45
Division of C		Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEMPORARY TRA	FFIC CONTROL L	LC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	05/19/2020	and assigned
lorida document number			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			93
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<del></del>	· · · · · · · · · · · · · · · · · · ·	是
Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	ime of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	City	Florida	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.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lazaro Martinez	7040 SW 110th Pl Miami, FL 33173	<b>≣</b> Add
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ective date, if other than the	date of filing:			(or	otional)	
n effective date is listed, the date mute: If the date inserted in this b	st be specific and ca	annot be prior to	date of filing or m	ore than 90 days a	fter filing.) Pursuant	to 605.02
cument's effective date on the L	epartment of Sta	te's records.	ne statutory min	g requirements.	inis date will not	be fisted.
ecord specifies a delayed effecti	ve date, but not ar	effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after th
is filed.						
June 8		2020				
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	Ciamatum of a mu	mbur or outbori	zed representative	of a member		
	Signature of a me	moer or aumori	zea representative	or a memoer		

Filing Fee: \$25.00