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COVER LETTER

MON QUA	ALITY TRANSPORT LLC		
1:	Name of Lin	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
urn all correspo	ondence concerning this matter	to the following:	
		VANESSA TORRES	
		Name of Person	
	ALL	AMERICAN PERMITS	I.I.C
		Firm/Company	
	680	I NW 77TH AVE SUITE	103
		Address	
		MIAMI FL 33166	
		City/State and Zip Code	
		- ·	
er information o			героп пописацоп)
SA TORRES			1-4791
Name c	nt Person	at () Area Code	Daytime Telephone Number
is a check for t	he following amount:		
0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
			Idress: ation Section
Division of C	Corporations	Divisio	n of Corporations atre of Tallahassee
	mon QU T: MON QU T: Seed Articles of urn all corresp Name of the control of th	Name of Lim sed Articles of Amendment and fee(s) are sub urn all correspondence concerning this matter ALL 680 E-mail address: (or information concerning this matter, please constants of Person is a check for the following amount: 0 Filing Fee \$30.00 Filing Fee &	MON QUALITY TRANSPORT LLC T: MON QUALITY TRANSPORT LLC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Sandra 7898

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN 30 KN 7: 50

MON QU	JALITY TRANSPORT LLC	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on 06/26/2020	and assigned
Florida document number 1.20000152231	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lig	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	ed office address on our records, enter t	he name of the new regi
agent and/or the new registered office address here: Name of New Registered Agent:	:	
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code
	·	

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

2020 JUL 30 AT 7: 50

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDUARDO MON	12132 SW 250TH TER	\\ Add
		HOMESTEAD, FL 33032	□Remove
			□Change
MGR	JOEL ALADRO	12132 SW 250TH TER	
		HOMESTEAD, FL 33032	X Remove
			□Change
			□Add
			□Remove
			Change
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	06/26/2020		
Effective date, if other than t	ie date of filing:us be prior to date o	(optional)	Pursuant to 60\$ 0207.
	block does not meet the applicable stat		
document's effective date on the		, ,	
e record specifies a delayed effec	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The	90th day after the
rd is filed.			
JUNE 26 Dated	2020		
	Signature of a member or authorized rep	resentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee