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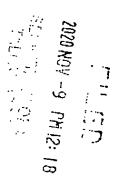
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			
		RANSPORT LLC		.
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		CARLOS CORTES		
			Name of Person	-
			Firm/Company	<u>.</u>
		6891 SW 50TH TER	Address	
		MIAMI FL 33155	Address	
		cortesinfo29@gmail.com	City/State and Zip Code	
For furthe	er information c		to be used for future annual report noti	fication)
	CORTES		786 203-3424	
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Division of C P.O. Box 632 Fallahassee, 1	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SETROC TRANSPORT LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	1)
The Articles of Organization for this Limited Liability Conforda document number <u>L20000159717</u>	mpany were filed on <u>06/10/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2020 HO
Principal office address MUST BE A STREET ADDRE	<u></u>	
inter new mailing address, if applicable:		9 PH 15
Mailing address MAY BE A POST OFFICE BOX)		_
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fia	orida
	City	orida 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

11 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>	Name	Address	Type of Action
MGR	CARLOS CORTES	6891 SW 50TH TER	
		MIAMI FL 33155	□Remove
			□Change
			□Add
			🗖 Remove
			□Change
			□Add
			☐ Change
-			□ Add
			Remove
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			□Add
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			Remove
			∏ Change

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Note:	tive date, if other than the date ffective date is listed, the date must be sport of the date inserted in this block donent's effective date on the Department.	loes not meet the applicabl	date of filing or more than 90 e statutory filing requirem	days after filing.) Pursuant to 605.	.0207 (3)(1 ed as the
f the reco ecord is f	rd specifies a delayed effective date filed.	e, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day after	the
Dated	OCTOBER 23RD	2020			
Date		() t)	-		

Typed or printed name of signee