

L20 000 219 072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

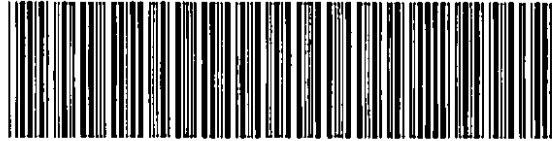
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100350926661

08/24/20 10:03 02 * 10.00

FILED
2020 AUG 24 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL

10/8/20
OM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SORRIBES EXPRESS TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yenisley Sorribes
Name of Person

Sorribes Express Transport LLC
Firm/Company

10745 SW 3rd St Apt 3
Address

Miami FL 33174
City/State and Zip Code

YenisleySorribes@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Yenisley Sorribes at (786) 970-6671
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2020 AUG 24 AM 8:25

Sorribes Express Transport

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/21/20 and assigned
Florida document number L2000029072.

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Yenisley Sorribes

New Registered Office Address:

10745 SW 3rd ST Apt 3

Enter Florida street address

Miami

City

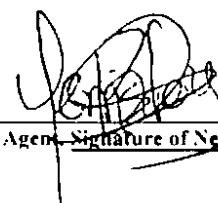
Florida

33174

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

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Leopardo Sorribes</u>	<u>10745 SW 3rd St Apt 3</u>	<input type="checkbox"/> Add
		<u>Miami FL 33174</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>Yenisley Sorribes</u>	<u>10745 SW 3rd St Apt 3</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33174</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>owner</u>	<u>Yenisley Sorribes</u>	<u>10745 SW 3rd St</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 3 Miami FL</u>	<input type="checkbox"/> Remove
		<u>33174</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/18/2020

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member
 Typed or printed name of signee

Filing Fee: \$25.00