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(Re	questor's Name)	•
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 08 2020

COVER LETTER

TO: Registration Se Division of Cor			
MLTRAN	SPORTATION SERVICES LL	С	
SUBJECT:	Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAIKEL LORENZO		
		Name of Person	
	MAIKEL LORENZO		
		Firm/Company	
	12334 SW 209 ST		
		Address	
	MIAMI, FL 33177		
	espinosa.zenaida@gmail.co	City/State and Zip Code om	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
MAIKEL LORENZO		305 300-5704	
		at () Area Code Daytin	me Telephone Number
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

220 AUC 25 PM 6: 48

ML TRANSPORTATION SERVICES LLC

ability company here:	on "LLC" or the abbreviation "	ssigned
	ion "LLC" or the abbreviation "	
	ion "LLC" or the abbreviation "	
bility Company," the designati	ion "LLC" or the abbreviation "	
		L.L.C."
e address on our records	s, enter the name of the n	ew regis
	Florida Zip Code	,
	e address on our record	e address on our records, enter the name of the name o

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>	Name	Address 239 At = 25 Ph 6: 1;	Type of Action
MGR	MAIKEL LORENZO	12334 SW 209 ST, MIAMI, FL 33177	=
			□Remove
			□Change
AMBR	ZENAIDA ESPINOSA	12334 SW 209 ST, MIAMI, FL 33177	≣ Add
			□ Remove
			□Change
			□Add
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fan effect <u>Note:</u> 1f	e date, if othe tive date is listed, the date insertent's effective da	the date must be ed in this block	specific and ca does not mee	nnot be prior : it the applica	o date of filing	or more than 9 filing require	00 days afte	ional) r filing.) Purs is date will i	uant to 605.0207 not be listed as
record s	specifies a dela d.	yed effective da	ate, but not an	effective ti	ne, at 12:01 a	i.m. on the ea	ırlier of: (l	b) The 90t	h day after the
	8/18/2020								
Pated		Hel fig							
		/ /	,						

Filing Fee: \$25.00

Typed or printed name of signee