

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC  
 Account Number : I20200000155  
 Phone : (305)882-1238  
 Fax Number : (305)882-1260

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LN TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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SEP 22 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LN 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:

SUYLEN RUBIO

Name of Person

AB ALL SERVICES INC

Firm/Company

1100 NW 29 ST STE C

Address

HIALEH, FL 33012

City/State and Zip Code

RUBIOAB100@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUYLEN RUBIO

at 305 882-1238

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**

LN TRANSPORT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/08/2020 and assigned  
Florida document number L20000279118.

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.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:

LUIS A NUNEZ GOMEZ

New Registered Office Address:

4030 NW 171 Terrace

Enter Florida street address

Miami Gardens

Florida

33055

City

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.*

*[Signature]*

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>
AMBR	LUIS A NUNEZ GOMEZ	4030 NW 171 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS A NUNEZ	4030 NW 171 TERRACE	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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(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 SEPT 22, 2020

*[Signature]*

Signature of a member or authorized representative of a member

LUIS A NUNEZ GOMEZ

Typed or printed name of signee

**Filing Fee: \$25.00**