

L20000345593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

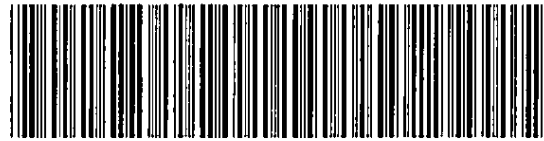
(Business Entity Name)

(Document Number)

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RECEIVED
2022 JUL 14 PM 3:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL 14 PM 3:24
FILING OFFICE
TALLAHASSEE, FLORIDA

7/14/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPORT 75 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:

PRISCILLA ANTONIA GONZALEZ

Name of Person

Firm/Company

6456 SW 9TH ST

Address

MIAMI FL 33144

City/State and Zip Code

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

For further information concerning this matter, please call:

PRISCILLA ANTONIA GONZALEZ

786

750-0143

at (_____) _____

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**

2022 JUL 14 PM 3:24

TRANSPORT 75 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 10/30/20220 and assigned
Florida document number 1.20000345593

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:

6456 SW 9TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33144

Enter new mailing address, if applicable:

6456 SW 9TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33144

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:

PRISCILLA ANTONIA GONZALEZ

New Registered Office Address:

6456 SW 9TH ST

Enter Florida street address

MIAMI

City

Florida 33144

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>
AMBR	HERNANDEZ TAMAYO, MAIQUEL L	11311 SW 160TH CT	<input type="checkbox"/> Add
		MIAMI FL 333196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRISCILLA ANTONIA GONZALEZ	6456 SW 9TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 14 2022

Signature of a member or authorized representative of _____

Typed or printed name of signee

Filing Fee: \$25.00