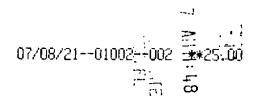
121000069399

(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



800368734638



RECEIVED 1921 JUL -7 附 3: 2

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	CUP: 7/7 DANNY
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
_	TRANSPORT MASTERS	
	(CORPORATE NAME AND DOCUM	MENT #)
_		
	(CORPORATE NAME AND DOCUM	MENT #)
-		
	(CORPORATE NAME AND DOCUM	ΛENT #)
_	(CORPORATE NAME AND DOCUM	ATTACH III
	(CORPORATE NAME AND DOCUM	ABNI#)
_	(CORPORATE NAME AND DOCUM	AENIT #A
	(CONFORATE NAME AND DOCOR	(ENT #)
_	(CORPORATE NAME AND DOCUM	MENT #)
ECIAI		

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Masters USA LLC		
30B3EC1	Name of Lin	ited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Stefano Madrigal		
		Name of Person	
	Transport Masters USA L	LC	
		Firm/Company	
	7252 Solandre Lane		
		Address	
	Tamarac, Florida 33321		
	 	City/State and Zip Code	
	info@transportmasters.net		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Stefano Madrigal		954 376-2907 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u>	er.	Comand & diducan	
Registration		<u>Street Address:</u> Registration Se	ection
Division of C	±	Division of Co	
P.O. Box 632	27	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transport Masters USA LLC				
(Name of the Lin	(A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited	Liability Company	were filed on February 24	, 2021	_ and assigned
Florida document number L21000069399	, ,			_ usid ussigned
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ollity company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	7252 Solandra Lane			
Principal office address MUST BE A STRE		Tamarac, FL 33321		
	·· ·			
Inter new mailing address, if applicable:		7252 Solandra Lanc		
Mailing address MAY BE A POST OFFICE BOX)		Tamarac, FL 33321		,
				•
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office (ess here:	address on our records, <u>c</u>	enter the name o	3784 I I
	Confirmable 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of New Registered Agent:	Stefano Madrig	881		
New Registered Office Address:	7252 Solandra I			
		Enter Florida street a	uldress	<u>. </u>
	Tamarac		_, Florida <u>33321</u>	
		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.

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>	Address	Type of Action
MGR	Blake Fishman	5499 N Federal HWY., STE F	□Add
		Boca Raton, FL 33487	≅Remove
		-	Change
MGR	Stefano Madrigal	7252 Solardra Lane	■Add
		Tamarac, FL 33321	□Remove
			□Change
			□Add
			□ Петюче
			□Add
			□Remove
		-	☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

_					
			_		
<u></u>					
			<u> </u>		
					
			<u>. </u>		
					
				<u> </u>	
66 - 47 · ·					
an effecti	date, if other than the	date of filing: t be specific and cannot be	prior to date of filing or	(option	al) ing) Purcuant to 605 0200
ore: III	ne date inscribe in this big	ock does not meet the a	applicable statutory fili	ing requirements, this d	ate will not be listed as
Jeunien	's effective date on the De	partment of State's rec	cords.		
record s	ecifies a delayed effective	a data, but not an affac	······································		
is filed.	ecifies a delayed effective	: date, out not an enec	tive time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
	_				
ated	; 7 	2021	1	. /	
				///	
			14/1		
		Signature of a member or	r authorized representativ	e of a member	

Filing Fee: \$25.00