L21000132924

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

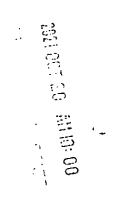
Office Use Only

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COVER LETTER

то:	Registration Se Division of Cor			,
CI IN III		TRANSPORT LLC		
SUBJE	(:	Name of Lin	nited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		GONZALEZ MENENDE	Z. RENE M	
			Name of Person	
		MG FAST TRANSPORT	LLC	
			Firm/Company	
		2539 NW 25TH AVE		
			Address	
		CAPE CORAL, FL 33993		
		DLAMBERT2H@GMAIL	City/State and Zip Code COM	
			to be used for future annual report notificati	on)
For furth	ner information co	oncerning this matter, please c	all:	
GONZA	LEZ MENENDI		786 780-6790 at ()	
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed	l is a check for th	e following amount:		
≡ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations ahassee creet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG FAST TRANSPORT LLC

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	rds.)
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L21000132924}{L21000132924}$.	pany were filed on 03/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	514 NE 24TH PL UNIT 2	
Principal office address MUST BE A STREET ADDRES	CAPE CORAL, FL 33909	
Enter new mailing address, if applicable:	514 NE 24TH PL UNIT 2	
Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FL 33909	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address: 514 NE 24	TH PL UNIT 2	
CAPE CO	Enter Florida street addre	lorida 33909 G
	City	Zip Cody

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 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	Type of Action
		514 NE 24TH PL UNIT 2	□Add
	CAPE CORAL, FL 33909	□Remove	
			= Change
			□ Add
			🗀 Remove
		_	□ Change
			□Remove
			□ Change
			bbA⊡
			🗀 Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove

ffective date, if other than the date of filing: 10/15/2021 (optional) are 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 605.020 folicy: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The specific is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. OCTOBER 15 2021 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00