

4/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AB ALL SERVICES INC
Account Number : 120200000155
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
GUANES NURSERY TRANSPORT LLC

Certificate of Status	0
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Page Count	01
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2021 APR 20 AM 10:18

FILE

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APR 21 2021

M. SOLOMON

2021 APR 20 PM 3:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUANES NURSURY 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:

GINA ROCHA

Name of Person

AB ALL SERVICES INC

Firm/Company

1100 WEST 29TH STREET

Address

HIALEAH, FLORIDA 33012

City/State and Zip Code

AB1100@YAHOO.COM

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

For further information concerning this matter, please call:

GINA ROCHA

305 882-1238

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUANES NURSERY 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 4/5/2021 and assigned Florida document number L21000157889.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GUANES NURSERY TRANSPORT LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

12401 W OKEECHOBEE RD

LOT 315

HIALEAH GARDENS, FL 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 161390

HIALEAH, FL 33016

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:

RADELIER LEDESMA RAMOS

New Registered Office Address:

12401 W OKEECHOBEE RD LOT 315

Enter Florida street address

HIALEAH GARDENS

City

, Florida 33018

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	RANDELIER LEDESMA RAMOS	12401 W OKEECHOBEE RD	<input checked="" type="checkbox"/> Add
		LOT 315	<input type="checkbox"/> Remove
		HIALEAH, FLORIDA 33018	<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"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 4/22/2021 (optional)

(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)

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.

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 4/19, 2021

Signature of a member or authorized representative of a member

RANDELIER LEDESMA RAMOS

Typed or printed name of signee

Filing Fee: \$25.00