

121 000 176 521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

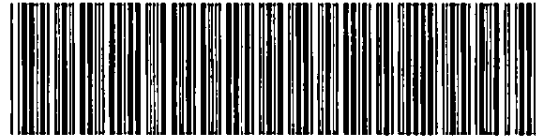
(Document Number)

Certified Copies _____ Certificates of Status _____

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6/14/21
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04/29/21--01011--015 **25.00

21 APR 29 AM 7:59
U.S. DEPT. OF JUSTICE
RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Keyli 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:

Giselle Marrero

Name of Person

Master Carrier Solutions Inc

Firm/Company

13155 W Okeechobee Rd Ste 103

Address

Hialeah Gardens FL 33018

City/State and Zip Code

info@mastercarriersolutions.com

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

For further information concerning this matter, please call:

Giselle Marrero

786 518-3431
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA STATE
CORPORATION
21 APR 29 AM 7:59

Keyli 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 04/15/2021 and assigned
Florida document number L21000176521.

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:

(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:

Diusmel Cuba Sanchez

New Registered Office Address:

4057 Nw 90th Ave

Enter Florida street address

Sunrise

City

, Florida 33351

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, 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

FLORIDA STATE
UNIVERSITY

21 APR 29 AM 7:59

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Diusmel Cuba Sanchez	4057 Nw 90th Ave	<input type="checkbox"/> Add
		SunriseFL 33351	<input type="checkbox"/> Remove
			<input checked="" 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

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

The Name of the owner needs to be change because by error was enter Alvarez instead of Sanchez

attached is the drivers licence.

21 APR 29 AM 7:59

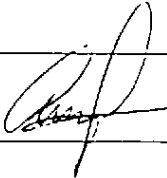
E. Effective date, if other than the date of filing: _____ (optional)

(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 04/26 _____, 2021



Signature of a member or authorized representative of a member

Diusmel Cuba

Typed or printed name of signee

Florida

CDL

C125-160-95-326-1

9 CLASS A



1 LAST NAME FIRST NAME
1013 MEL
2 DOB 09/06/1995 15 SEX M
3 DOB 09/06/1995 15 SEX M
4 EXP 09/06/2026 16 HGT 5-07
12 REST NONE 9a END NONE
4a ISS 02/16/2018
5 DD S051905300235
REPLACED 05/30/2019

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

