## 121000270486

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

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A. BUTLER NOV 03 2021 October 6, 2021

To whom may it concern:

I hereby wish to inform that I take responsibility for the company as the new manager and agent. I also wish to inform that I am familiar with and accept the responsibilities and obligations of the position.

Thank you for your attention.

Ramon A. colon Fonseca

Manager

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	MC TRA	NSPORTER LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		nendment and fee(s) are sub		
Please return all co	orrespond	ence concerning this matter	to the following:	
		RAMON A. CO	LON FONSECA	
			Name of Person	<del></del>
		MC TRANSPO	RTER LLC	
			Firm/Company	
		6211 9TH AVE		
			Address	·····
		NEW PORTH R	ICHEY, FL 34653	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		jadepmultiservi	<del>-</del>	
			to be used for future annual report not	ification)
For further inform	ation con	cerning this matter, please of	all:	
RAMON A COLO	ON FONS	ECA	787 210-7040 at ()	
	Name of P	erson		ne Telephone Number
Enclosed is a chec	k for the (	following amount:		
□ \$25.00 Filing	Fee	S30.00 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 A	Address: ation Sec	otion	<u>Street Address:</u> Registration Se	oction
_		porations	Division of Con	
P.O. Bo		•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

100

(Ivaine of the IAIII	(A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited I Florida document number L21000270486	iability Company were filed on	06/10/2021: 35E E and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	<b>C</b> -	r records, enter the name of the new registered
Name of New Registered Agent:	Ramon A. Colon Fonseca	
New Registered Office Address:	6211 9th Ave.	
		Florida street address
	New Port Richey	, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MC TRANSPORTER LLC

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>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL COLON	6211 9TH AVE	
		NEW PORT RICHEY, FL 34653	
			■ Change
MGR	RAMON A COLON FONSECA	6211 9TH AVE	■Add
		NEW PORT RICHEY, FL 34653	□Remove
			☐ Change
			□ Add
		<del></del>	□Remove
			□ Change
			□Remove
			Change
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			····		<del></del>
•					
fective date, if other than the	date of filing:	/2021		(optional	
n effective date is listed, the date mus ste: If the date inserted in this blo					
cument's effective date on the De	epartment of State's r	ecords.			
,			<b>n</b> ,	* * * * * * * * * * * * * * * * * * * *	0011 0 1
ecord specifies a delayed effective is filed.	date, but not an effe	ctive time, at 12	:01 a.m. on the c	earlier of: (b) 1	ne 90th day after the
October 6	2021				
ted	,	·			
ted	Signature of a member				

October 6, 2021

If anything, you can contact my assistant at (939)475-4421 her name is Jannette Velazquez (she is my translator too). And please send me the Certified copy to the following address:

Attention: Ramon A Colon 1013 King St.

Kissimmee, FI 34741

Thank you so much.

Ramon A. Colon Fonseca

Manager