

L21000313874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

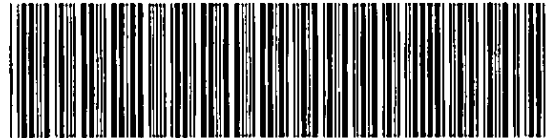
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/02/20



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07/26/21--01015--024 **25.00



SEP 1 11:20

SEP 1 11:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -1 PM 2:19

August 23, 2021

ARLEN RODRIGUEZ
2989 W STATE ROAD 434
SUITE 400
LONGWOOD, FL 32779

SUBJECT: M3G TRANSPORT LLC
Ref. Number: L21000313874

We have received your document for M3G TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no such officer Manuel Gomez. If you would like to add Manuel Gomez please fill out page 3 with and select the action add.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 521A00020146

2021 SEP -1 AM 11:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M3G 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:

ARLEN RODRIGUEZ

Name of Person

EBYAR Professional Office Services LLC

Firm/Company

2989 W STATE RD 434 SUITE 400

Address

LONGWOOD, FL 32779

City/State and Zip Code

SITEAYUDAMOS@YAHOO.COM

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

For further information concerning this matter, please call:

ARLEN RODRIGUEZ

407

692-0101

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

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

M3G 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 07/08/2021 and assigned
Florida document number L21000313874.

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)

1495 SEMINOLA BLVD SUITE 1047

CASSELBERRY, FL 32707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1495 SEMINOLA BLVD SUITE 1047

CASSELBERRY, FL 32707

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:

MARIO GOMEZ

New Registered Office Address:

1495 SEMINOLA BLVD SUITE 1047

Enter Florida street address

CASSELBERRY

Florida


32707

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

[illegible]

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

I want to change the principal address, the mailing address, the Registered Agent address and the authorized

person address AMBR Mario Gomez

The correct address is: 1495 SEMINOLA BLVD SUITE 1047

CASSELBERRY, FL 32707

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 JULY 22, 2021



Signature of a member or authorized representative of a member

MARIO GOMEZ

Typed or printed name of signee