## L21000317586

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
, HO	RNE	
How	RNE 16 2021	





000375979030

11/16/21--01013--017 \*\*25.00

2021 NOV 16 AH 11: 54

2021 NOV 16 AM 2: 50

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: MB TRAN	ISPORT LOGISTICS	LLC	
NOBALIC KI		ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		VANESSA TORRES	
		Name of Person	
	A	All American Permits IIc	
		Firm/Company	
	690	1 NIM 77TH AVE CHITE 102	
	000	1 NW 77TH AVE SUITE 103 Address	<u> </u>
		MIAMI FL 33166 City/State and Zip Code	<del></del>
		·	
	E-mail address: (	permits2009@live.com to be used for future annual report not	ification)
For further information con	ncerning this matter, please c	all:	
VANESSA TO	ORRES	at (305 ) 501-479	1
Name of	Person		ne Telephone Number
Enclosed is a check for the	following amount:		
\$≥ \$25.00 Filing Fee  ■ See See See See See See See See See Se	☐ \$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 Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV 16 AH 2:53

MB TRANSPO	ORT LOGISTICS LLC	SECRETARY OF STATE
( <u>Name of the Limited Liability (</u> (A Florida Li	ORT LOGISTICS LLC Company as it now appears on our record mited Liability Company)	ISD ALL AHASSEE, FIRE
he Articles of Organization for this Limited Liability Con		and assigned
lorida document number L21000317586		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		•
THE CHARLES WOST BE A STREET ADDRES	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered ogent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registe
cut and/of the new registered office address here.		
N		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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 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	EFRAIN R BRITO MESA	516 MARGOT CT	□Add
		BRANDON FL 33511	<b>S</b> Remove
			Change
<del>.</del>			□Add
			□Remove
			Change
			□Add
			Remove
			□Remove
			□ Change
			□Add
		□ Remove	
		<del> </del>	Change
			□∧dd
			□Remove
			□Change

	<del></del>	<del></del>
	<del>-</del>	<del></del>
<del></del>		·
<del></del>		<del> </del>
<del></del>		<del></del>
	<del></del>	<del></del>
n effective date is listed, the date mu	e date of filing: 10/18/2021 (optional state of filing or more than 90 days after filing block does not meet the applicable statutory filing requirements, this date of State's records.	ng.) Pursuant to 605.0207
ecord specifies a delayed effectives tiled.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ted OCT 18	2021	
	ZP .	<u></u>
	Signature of a member or authorized representative of a member	
	EFRAIN R BRITO MESA	
	Typed or printed name of signee	