

121000 455113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

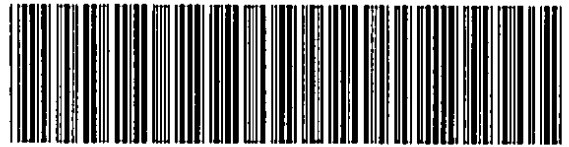
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IAN 10 2022



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2021 DEC 21 AM 10:37  
CLERK OF STATE  
JAN 10 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIONS Transportation 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:

Santiago E. Hernández  
Name of Person  
LIONS Transportation LLC  
Firm/Company  
600 NE. 36 St. #1619  
Address  
Miami, FL 33137  
City/State and Zip Code  
lionstklc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivonne A. Alcalá at (786) 328-9720  
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

Lions Transportation 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 October 14, 2021 and assigned Florida document number L21000455113.

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:

Ivonne A. Alcalá

New Registered Office Address:

600 NE 36 St. #1619

Enter Florida street address

Miami

City

Florida

33137

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.

Ivonne A. Alcalá

If Changing Registered Agent, Signature of New Registered Agent

OFFICE OF STATE CLERK

2021 OCT 14 10:37 AM

FD

**MGR = Manager**  
**AMBR = Authorized Member**

**MGR = Manager**  
**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	Santiago E. Hernández	600 NE 36 St.	<input checked="" type="checkbox"/> Add
		1619	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Ivonne A. Alcalá	600 NE 36 St.	<input type="checkbox"/> Add
		1619	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
AMBR	Ivonne A. Alcalá	600 NE 36 St.	<input checked="" type="checkbox"/> Add
		1619	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

November 22<sup>nd</sup> 2021

*[Signature]*

Signature of a member or authorized representative of a member

Santiago E. Hernandez  
Typed or printed name of signee

Typed or printed name of signee