121000531331

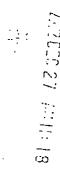




600399445866

12/27/22--71/21--137 (++37/7)

10,500000



COVER LETTER

| TO: Registration Secti Division of Corpo | | | | |
|---|---|---|--|-------------------|
| | 4M TRA | NS, LLC. | | |
| SUBJECT: | Name of Limit | | | |
| The enclosed Articles of An | nendment and fee(s) are subn | nitted for filing. | | |
| Please return all correspond | ence concerning this matter to | o the following: | | |
| | DE | ISY JAUREGUI CAICEDO | | |
| | | Name of Person | | |
| | | 4M TRANS, LLC. | | |
| Firm/Company | | | | |
| | 1 | 160 WINDWARD DR | | |
| | | Address | | 13 |
| | PEM | BROKE PINES, FL 33026 | | .](: |
| | | City/State and Zip Code | • | |
| | | COUNTING@YAHOO.COM | | · |
| | | be used for future annual report not | tification) | |
| For further information con- | cerning this matter, please cal | II: | | : :- :: |
| DEISY JAURIGUI | CAICEDO | 305 776-2365 at () | | J. |
| Name of Po | erson | Area Code Daytir | ne Telephone Number | |
| Enclosed is a check 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 Fili Certificate Certified (| e of Status & |
| (| Check# 1323 | (auditional copy is enclosed) | | copy is enclosed) |
| Mailing Address: | | Street Address: | | |
| Registration Sec Division of Cor | | Registration So Division of Co | | |
| P.O. Box 6327 | porutions | The Centre of | | |
| Tallahassee FL 32314 2415 N Monroe Street Suite 8 | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 4M TR | ANS LLC | | |
|--|---|----------------------|---------------------|
| (<u>Name of the Limited Liability (</u> A Florida Li | Company as it now appears on our mited Liability Company) | r recor <u>ds.</u>) | |
| the Articles of Organization for this Limited Liability Con- lorida document number | npany were filed on 12/17/202 | 1 | and assigned |
| his amendment is submitted to amend the following: | | | |
| If amending name, enter the new name of the limited | d liability company here: | | |
| ne new name must be distinguishable and contain the words "Limited | 1 Liability Company," the designation | on "LLC" or the ab | breviation "L.L.C." |
| nter new principal offices address, if applicable: | 1160 WINDWAR | D DR | |
| Principal office address MUST BE A STREET ADDRES | SS) PEMBROKE PINE | ES., FL 33026 | |
| | | | |
| nter new mailing address, if applicable: | 1160 WINDWARD | DR | 2002 |
| Mailing address MAY BE A POST OFFICE BOX) | PEMBROKE PINE | S, FL 33026 | |
| | | | 27 |
| . If amending the registered agent and/or registered o | ffice address on our records. | . enter the nam | e of the new regi |
| gent and/or the new registered office address here: | | | <u>ನಾ</u> |
| Name of New Registered Agent: | DEISY JAUREGUI | CAICEDO | |
| New Registered Office Address: | 1160 WINDWARD DR | | |
| | Enter Florida street address | | |
| | PEMBROKE PINES | , Florida | 33026 |
| | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|------------------------|--------------------------|---------------------|
| AMBR | YUSTI A WILVER | 20022 NW 66 PLACE | □Add |
| | | MIAMI, FL 33015 | ■Remove |
| | | | □Change |
| AMBR | DEISY JAUREGUI CAICEDO | 1160 WINDWARD DR | |
| | | PEMBROKE PINES, FL 33026 | □Remove |
| | | | □Change |
| | | | □Add ;;;; |
| | | | □ Remove |
| | | | ☐Change —: —: |
| | | | □Add □ Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| _ | | | □Add |
| | | | Remove |
| | | | □Change |

| | | | | | | |
|--|--|--|--|--|--------------------|------------------------------------|
| | <u>-</u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | _ ` | | | | |
| | | | | | | |
| | | | | | | |
| | <u>-</u> | | | | · (. : | 26:12 0 |
| | | | | | <u> </u> | <u> </u> |
| | | | | _ | | 7 |
| | | <u> </u> | | <u>.</u> | | |
| | | | | | . , , . | |
| | | | <u> </u> | | | |
| | | · | | | | |
| | | | | | | |
| ective date, if other than reffective date is listed, the date te: If the date inserted in the cument's effective date on the | e must be specific iis block does n | and cannot be prior of meet the applic | to date of filing or able statutory fil | (op) more than 90 days aft ng requirements, th | er ming.) Purs | suant to 605.02 not be listed a |
| reord specifies a delayed eff s filed. | ective date, but | not an effective ti | me, at 12:01 a.m | , on the earlier of: (| b) The 90t | h day after th |
| edDECEMBER 20 | | 2022 | <u> </u> | | | |
| | Signature c | of a member or author | orized arresentation | e of a member | | |
| | Signature (| | | | | |

Filing Fee: \$25.00