

L22000270544  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAGA TRANSPORT SERVICES LLC

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2022 AUG 10 PM 3:56

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 AUG 10 AM 9:20

APPROVED  
AND  
FILED

AUG 11 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAGA TRANSPORT SERVICES 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:

EZEQUIEL FERNANDEZ

Name of Person

SAGA TRANSPORT SERVICES LLC

Firm/Company

4122 VISTA LAGO CIR APT 104

Address

KISSIMMEE, FL 34741

City/State and Zip Code

ORLANDOGBRACHO@GMAIL.COM

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

For further information concerning this matter, please call:

OLANDO BRACHO

470 6087872  
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**

SAGA TRANSPORT SERVICES 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 02/07/2022 and assigned  
Florida document number L22000062710.

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)**

2250 PAINTER LN

KISSIMMEE, FL 34741-7840

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2250 PAINTER LN

KISSIMMEE, FL 34741-7840

**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:**

ORLANDO GERARDO BRACHO VILLALOBOS

**New Registered Office Address:**

2250 PAINTER LN

Enter Florida street address

ORLANDO

City

Florida

34741-7840

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**

APPROVED AND FILED  
22 AUG 10 AM 9:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FERNANDEZ EZEQUIEL	4122 VISTA LAGO CIR APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Orlando G Bracho Villalobos	2250 PAINTER LN	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741-7840	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

Dated 08/10/2022, \_\_\_\_\_

ORLANDO G BRACHO VILLALOBOS

Typed or printed name of signee

**Filing Fee: \$25.00**