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**Division of Corporations** MARES TRANSPORTATION LLC SUBJECT: \_\_\_ 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: ALFONSO MACHUCA GIL Name of Person Firm/Company 12014 LANGUAGE WAY Address ORLANDO FLORIDA 32832 City/State and Zip Code transportationmares@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 5739838 ALFONSO MACHUCA 213 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARES TRANSPORTATION LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000208435	were filed on 05/02/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
MARES INVESTMENTS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12014 LANGUAGE WAY			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FLORIDA 32832			
	****	202		
	12014 LANGUAGE WAY	TAHAY		
Enter new mailing address, if applicable:	ORLANDO FLORIDA 32832	- <del>ω</del> [		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered		
New Registered Office Address:	Enter Florida street address	<del></del>		
	ASSESS A SOCIOUS SIFES CARRESTS			
	, Florid	la		
New Registered Agent's Signature, if changing Registered Agent:	•	<b>24</b> 5543		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

1	14		•

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other info	mation, enter change(s) her	e: (Attach additional sheets, if nece	essary.)
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Note: If the date inserted in thi	must be specific and cannot be prior	r to date of filing or more than 90 days after cable statutory filing requirements, this	filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed efferecord is filed.	ective date, but not an effective I	time, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
Dated APRIL 30TH	2024 HDVSD #4	eh G	
ALFONSO GIL MA	1	iorized representative of a member	

Typed or printed name of signee