

L23 0000 86983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

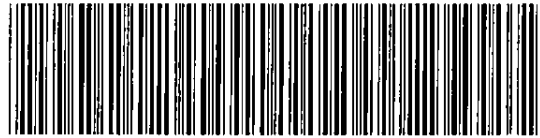
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2024

NIURIS CHINEA  
8032 NW 90 STREET  
MEDLEY, FL 33014

SUBJECT: TRANSLINE FAST WAY LLC  
Ref. Number: L23000086983



We have received your document for TRANSLINE FAST WAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 324A00020041

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRANSline Fast Way 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:

Mivris China  
Name of Person  
[Signature]  
Firm/Company  
8032 NW 90 ST  
Address  
Nodley, FL 33166  
City/State and Zip Code  
mivrischina12@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mivris China at (305) 439 3747  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Transline Fast Way 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 02/17/2023 and assigned  
Florida document number L23 000086983

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Pedro Enrique Perez Herrera

4355 W 12 Ln Apt 8

Enter Florida street address

Hialeah

City

Florida

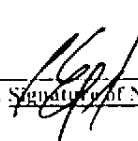
33012

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, 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	Pedro Enrique Perez Herrera	4355 W 12Ln Hialeah, FL 33012	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

MGR	Nivaris Chinaa	6766 Orchid Dr Miami Lakes FL 33014	<input type="checkbox"/> Add
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\_\_\_\_\_ ☒ Remove

\_\_\_\_\_ ☐ Change

_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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\_\_\_\_\_ ☐ Change

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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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TALLAHASSEE FL

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

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

E. Effective date, if other than the date of filing: 01/01/2024 (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 09/24/2024

Signature of a member or authorized representative of a member

Nioris Chinaa

Typed or printed name of signee

**Filing Fee: \$25.00**