Division of Contractions

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To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238 Fax Number : (305)882-1260

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MECHI TRANSPORT LLC

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### **COVER LETTER**

TO: Registration S Division of Co			
MECHITI	RANSPORT LLC		
30BJECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MANUEL MANSO		
		Name of Person	
	MECHI TRANSPORT LI	.c	
		Firm/Company	
	10370 ADDISON LAKE	DR	
		Address	
	JACKSONVILLE FL 322	57	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	all:	
MANUEL MANSO		at ( )	
Name o	of Person	Area Code Daytina	e Telephone Number
Enclosed is a check for :	he following amount:		
☐ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<b>19:</b>	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MECHITRANSPORT LLC

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

MILAMASSET FLORIDA

(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  $\frac{01/19/2024}{1}$ and assigned Florida document number L24000037979 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." 1091 WYOMING DR SE Enter new principal offices address, if applicable: PALM BAY, FL 32909 (Principal office address MUST BE A STREET ADDRESS) 1091 WYOMING DR SE Enter new malling address, if applicable: PALM BAY, FL 32909 (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:

JUAN DE DIOS GOMEZ Name of New Registered Agent: 1091 WYOMING DR SE New Registered Office Address: Enter Florida street address , Florida 32909 Zip Code PALM BAY City

#### 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>	Address	Type of Action
MGR	JUAN DE DIOS GOMEZ	1091 WYOMING DR SE	≅Add
		PALM BAY, FL 32909	□Remove
			□Change
MGR	MANUEL MANSO	10370 ADISON LAKE DR	□ Add
		JACKSONVILLE FL 32257	■Remove
			Change
			□Add
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record specifies a delayed effec d is filed.	tive date, but r	not an effective	time, at 12:01 a.	m. on the earlier o	f: (b) The 90th day	after the
Dated 7/3	·•····································	2024				
Way				tive of a member		

Filing Fee: \$25.00