

MR 2000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

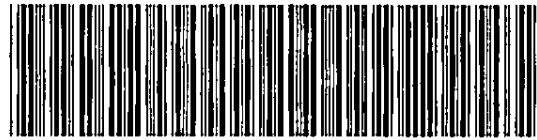
(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 29 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. BUTLER
APR 09 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

MIGUEL ROBB TRANSPORTATION, L.L.C.

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:

Miguel Robb

Name of Person

MIGUEL ROBB TRANSPORTATION, L.L.C.

Firm/Company

7417 Mai Tai Dr

Address

Orlando, FL 32822

City/State and Zip Code

miguel_robb@yahoo.com

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

For further information concerning this matter, please call:

Miguel Robb

407 446-3785

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT
BUSINESS IN FLORIDA

FILED

SECTION I (1-4 must be completed)

2022 MAR 29 AM 9: 25

1. Name of limited liability Company as it appears on the records of the Florida Department of State
TALLAHASSEE, FL
State: MIGUEL ROBB TRANSPORTATION, L.L.C.

Enter new principal office address, if applicable: 7417 Mai Tai Dr
Orlando, FL 32822
(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: 7417 Mai Tai Dr
Orlando, FL 32822
(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M22000002450

3. Jurisdiction of its organization: Nebraska

4. Date authorized to do business in Florida: 02/15/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____
Enter Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Miguel Robb
Signature of the authorized representative

Miguel Robb
Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FL

March 15, 2022

MIGUEL ROBB
7417 MAI TAI DR
ORLANDO, FL 32822

SUBJECT: MIGUEL ROBB TRANSPORTATION, L.L.C.
Ref. Number: M22000002450

We have received your document for MIGUEL ROBB TRANSPORTATION, L.L.C. 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 FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 222A00006072