L19000 103 868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

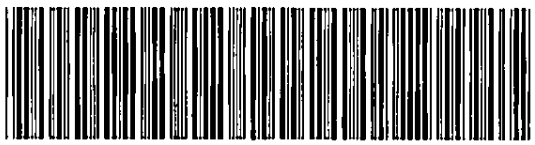
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/30/19--01019--003 **125.00

2019 OCT 23 AM 12:34

Amend

OCT 23 2019

TALLAHASSEE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ORS Transports 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:

Samuel Kesaris
Name of Person

SPK Financial Group LLC
Firm/Company

6701 NW 33RD Way
Address

Ft. Lauderdale FL 33309
City/State and Zip Code

Samuelkesaris@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Kesaris at (954) 665-3826
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

SAMUEL KESARIS
6701 NW 33RD WAY
FT. LAUDERDALE, FL 33309

SUBJECT: DRS TRANSPORTS LLC
Ref. Number: L19000103888

We have received your document for DRS TRANSPORTS 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 current name of the entity is as referenced above. Please correct your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00020722

2019 OCT 22 PM 12:10

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DRS Transports 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 4-16-2019 and assigned Florida document number L19000103538

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: Samuel Kosaris

New Registered Office Address: 6701 NW 33RD WAY
Enter Florida street address

Ft. Lauderdale, Florida 33309
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.

Samuel Kosaris
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

Title	Name	Address	Type of Action
AMBR	Robert Harris	1289 SW Dyer Point Rd	☐ Add
		Palm City FL 34990	☑ Remove
			☐ Change
AMBR	Samuel Kesaris	6701 NW 33RD Way	☑ Add
		Fort Lauderdale FL 3309	☐ Remove
			☐ Change
MGR	Viridis Media Marketing LLC	1289 SW Dyer Point Rd.	☐ Add
		Palm City. FL 34990	☑ Remove
			☐ Change
MGR	Stellato Financial LLC	2421 NE 65th St. Ste 417	☑ Add
		Ft Lauderdale FL 33308	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (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 September 17, 2019.

Signature of a member or authorized representative of a member

Samuel Kesaris

Typed or printed name of signee

Filing Fee: $25.00