## 121000459202

(Re	equestor's Name)	<u> </u>
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(Ci	ty/State/Zip/Phone	#)
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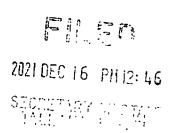
2021 DEC 16 PM 12: 46

## **COVER LETTER**

TO: Registration Se Division of Cor			
Bee Cleani	ng Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bianga Fonseca		
		Name of Person	
		Firm/Company	
	460 NW 35th Aveune		
		Address	
	Miami, Fl 33125		
	Cordovatransport07@gmail	City/State and Zip Code	
	,	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	all:	
Bianga D Fonseca		305 8498127	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	
Tallahassee			Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Bee Cleaning Services 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 v Florida document number <u>L21000459202</u>	were filed on 10/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Cordova Transport LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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 acagent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Town Registered of Mee / Radiess	Enter Florida street address	
	, Florida	
<del></del>	City , Florida	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 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>	Type of Action
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<del>_</del>	Burla. Lu
	But In Signature of a member or authorized representative of a member