8/25/22, 4:06 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 : (305)882-1238

Fax Number : (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OZZIE'S TRANSPORT LLC**

Certificate of Status	0
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C BUILLING A

COVER LETTER

TO: Registration Division of C		. 1	
	TRANSPORT LLC		
SUBJECT:	Name of Lit	nited Liability Company	-
The enclosed Articles of	of Amendment and fcc(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	OSVALDO CRUZ		
		Name of Person	_
	OZZIE'S TRANSPORT L	LC	
		Firm/Company	
	10521 NW 11TH ST APT	. 204	
		Address	
	PEMBROKE PINES, FL	33025	
	ARLIAGOVAHOO COM	City/State and Zip Code	
	AB1100@YAHOO.COM E-mail address:	(to be used for future annual report notification)	-
For further information	concerning this matter, please of	all:	
OSVALDO CRUZ		954 248-9648 at ()	
Name	of Person	Area Code Daytime Telephone Numb	oer
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OZZIE'S TRANSPORT LLC		
(Name of the Limited Liability C (A Florida Lir	ompany se it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 05/09/2022	and assigned
Florida document number L22000217807		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
3. If amending the registered agent and/or registered of	Mos address on our records enter the n	ame of the new regi
ngent and/or the new registered office address here:	ince address on our records, each the n	
		2002 Alt
Name of New Registered Agent:		**** ** ******************************
New Registered Office Address:		资金 25 T
	Enter Florida street address	Sign ≥ 138
·	, Florida	(C)
	Ciny	zip Code

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.

_ 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

Title	Name	Address	Type of Action
MGR	OSVALDO CRUZ	10521 NW 11TH ST APT, 204	■ Add
		PEMBROKE PINES, FL 33025	⊡Remove
			Change
			
			□Remove
		· -	☐ Change
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Gots: 11 t	date, if other than we date is listed, the date he date inserted in th 's effective date on th	is block does not r	neet the applica	o date of filing or m ble statutory filin	(option ore than 90 days after grequirements, this	nal) filing.) Pursuant to 605.02 date will not be listed
e record sp rd is filed.	ecifies a delayed effe	ective date, but not	t an effective tir	ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after th
Dated	25/2022		·	·		
_	A Swale Com			ized representative		

Filing Fee: \$25.00