122000309355

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MA (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only





000393134570

08/28/22--01011--023 **25.00

22 AUG 26 PH 12: N8

COVER LETTER

TO: Registration S Division of Co				
	VA TRANSPORTATION, LLC	;		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	RENE OLIVA RODRIGU	JEZ		
		Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	0			
		Firm/Company		.
	699 BRANDON PRESCO	TT LN APT 106		JIVISTOK 22 A UG
		Address		4 UF 1 6 26
	WEST PALM BEACH, F	L 33401		3 P0 6
	dianee87@yahoo.com	City/State and Zip Code		Msiox or confortation 22 A UG 26 PM I2: 08
	E-mail address: (to be used for future annual report notifica	tion)	6 0
For further information	concerning this matter, please c	all:		
RENE OLIVA RODRIG	GUEZ	786 501-6715 at()		
Name	of Person	at () Area Code ——Daytime Te	dephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y
Mailing Addre Registration		Street Address: Registration Section	D11	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&R OLIVA TRANSPORTATION, LLC		
(Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/20/2022</u>	and assigned
lorida document number 1.22000309355		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADDRESS)		A (5)
		0 ×;: 0 ×;:
		5 9
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		0
	-	œ
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	**
	City:	aZip 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>	Address	Type of Action
AMBR	DIANELYS C NAVARRO	699 BRANDON PRESCOTT LN APT 106	= Add
		WEST PALM BEACH, FL 33401	□Remove
			\(\sum_C\)hange
			□Remove
			17(5,10) 11(1) 17(5,10) 17(5,
			PH Production of the control of the
			TChange
			□Remove
			Change
			□Remove
			□Change
			= Add
			□Remove
			Change

					
	<u> </u>	···_			
				· =	
			<u></u> -		
		· <u></u> -			
				 	
			_	22 /	71 \ 17
			-	A UG	0101
); ;
					0.4
				PH 12: 09	(F)
				9	
					
		_			
fective date, if other than the dan effective date is listed, the date must be	ate of filing:		(option	al)	
ote: If the date inserted in this block	c does not meet the appl	icable statutory fili	more than 90 days after fil ng requirements, this d	ing.) Pursuant to 605, ate will not be liste	.0207 .d as
cument's effective date on the Depa	irtment of State's record	ls.			
ecord specifies a delayed effective d	lata har nat an affaarian	time at 12:01 a.m.	and the condition of the	The most at 6	-1
is filed.	are, out not an effective	ume, at 12.01 a.m.	. on the earner of; (6)	The 90th day after	: ine
A MODULET DA	2022				
ted	. 2022				
Ø.					

Filing Fee: \$25.00