L23000479341

(Requestor's Name)
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COVER LETTER

	gistration Se vision of Cor			·	•	
CUDIECT.		DZ TRANSPORTATION LLO	C			
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		BEN ASSAD MIRZA	ATION	ENEX/		
			Name of Person	/		
		MIRZA HEALTHCARE I				
			Firm/Company			
		6100 SW 6TH STREET				
		· · ·	Address			
		PLANTATION, FL 33317				
		bobbyetagent@yahoo.com	City/State and Zip Code		2023 NOV 13	æ
			to be used for future annual report not	ification)		:1 =
For further i	nformation c	oncerning this matter, please co	all:		$\overline{\omega}$	1
ROBERT E	ARL THOM	PSON	619 602-4356			; }
	Name o	f Person	Area Code Daytin	ne Telephone Number	2: 09 STATE EFFL	
Enclosed is	a check for th	ne following amount:				
\$ 25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	illing Addres gistration S		<u>Street Address:</u> Registration Se	ection		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAVE KIDZ TRANSPORTATION LI	LC	
(Name of the Limited Lie (A.F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/18/2023	and assigned
Florida document number L23000479341	·	
This amendment is submitted to amend the following	ā.	
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 "LI,C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	2023 1 OV
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> re:	1 1 1 mm
	_	2: 09 STATE E, FL
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	isider i turtud sir eel additess	
	, Florid	ła 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

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
MGR	ROBERT E THOMPSON	20310 TROUT CREEK DRIVE	≣ Add
		TAMPA, FL 33647	□ Remove
			□Change
		_	□ A d d
			□ Remove
			□Change
	-		□Add
			Remove
			CO CO
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		· · · · · · · · · · · · · · · · · · ·	🗀 Add
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			□Remove
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(If an effec <u>Note:</u> I	optional) ctive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ant's effective date on the Department of State's records.
ne record ord is file	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 d.
nu is ille	
	Nov. 7 . 2023
	Nov. 7 . 2023.
	Nov . 2023. Signature of a member or authorized representative of a member

Filing Fee: \$25.00