# LN4000097990

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### COVER LETTER

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TO: Registration Section of Corp.			
IRIS & NAT SUBJECT:	TALIE TRANSPORT, LLC		
SOBJECT.	Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
	ndence concerning this matter to the following:		
	RAFAEL BATISTA		
	Name of Person	~2	
	IRIS & NATALIE TRANSPORT, LLC	2015 NO	[]
	Firm/Company	1 8	N-C-10
	4992 SW 173 AVE	O (	
	Address FT 60	亞	4.00
	MIRAMAR, FL 33029	٥	
	City/State and Zip Code		
	JRPINA03@YAHOO.COM	2	
	E-mail address: (to be used for future annual report notification)		
For further information con	oncerning this matter, please call:	. ACE 2100	frances Marie Marie F
RAFAEL BATISTA	954 600-3067 at ( )	Ġ,	T
Name of l	· · · · · · · · · · · · · · · · · · ·	ਹ ਲ –	
Englosed is a check for the	e following amount:	هـ	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy	f Status & py	

#### 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

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

(Name of the Limited	I Liability Company as it now appears on o A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number L06000097990	bility Company were filed on 10/06/20	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
IRIS NATALIE TRANSPORT LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: SAME	
(Principal office address MUST BE A STREET	ADDRESS)	2015 NO SEGRE
Enter new mailing address, if applicable:	SAME	AHVSSEE.
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	55 5
B. If amending the registered agent and/oregistered agent and/or the new registered off		records, enter the name of th
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida st	
	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 Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the	e date of fili	ng: 10/30/20	ior to date of fili	ng or more than 90	(optio	nal)	suant to f	50 <b>5</b> 020
<b>Note:</b> If the date inserted in this b document's effective date on the D	lock does not	meet the app	licable statutor	y filing requiren	nents, this	date will	not be l	isted as
document s effective date on the E	epartment of	State S record	us.					
he record specifies a delaye The 90th day after the rec			not an effec	tive time, at	12:01 a	.m. on	the ear	rlier o
Dated 30 OCTOBER		2015						
<u> </u>		_,	·					
SAV.								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00