

207000124537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

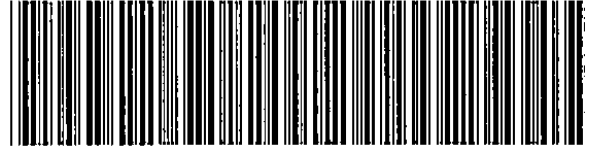
(Business Entity Name)

(Document Number)

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2021 SEP -2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

09/14/2021
JH

TO: Registration Section
Division of Corporations

SUBJECT: ~~From~~ The Transportation factory, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kashif Aris

Name of Person

Firm/Company

4045 W McNab Rd Apt #306

Address

Pompano Beach, FL 33069

City/State and Zip Code

support@fancyyachtcharters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kashif Aris

Name of Person

at (786)

Area Code

343-5320

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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 Address:

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

Street Address:

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

TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 SEP -2 PM 2:23
TALLAHASSEE, FLORIDA

The Transportation Factory, 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 were filed on 12/17/2007 and assign
Florida document number LD7000124537.

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2950 W Cypress Creek Rd
Suite # 106
Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 W Cypress Creek Rd
Suite # 106
Fort Lauderdale, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here:

Name of New Registered Agent:

ERICK CORPS

New Registered Office Address:

2950 W Cypress Creek Rd Suite # 106
Enter Florida street address

Fort Lauderdale
City

Florida 33309
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 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 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.

Erick Corp

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
<u>MGR</u>	<u>The DEALERS SOURCE, LLC</u>	<u>7360 SW 10th St</u> <u>Plantation, FL 33317</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Kashif Aziz</u>	<u>2950 W Cypress Creek Rd Suite #10</u> <u>Fort Lauderdale, FL 33309</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Darin Morgan</u>	<u>2950 W Cypress Creek Rd Suite #10</u> <u>Fort Lauderdale, FL 33309</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Dated August 28th, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee