L11000047625

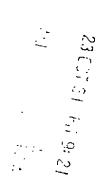
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , , , , , , , , , , , , , , , , , , , |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| , , |
| , HORNE |
| NORNE 15 2023 |
| 2023 |
| |
| |

Office Use Only



300418153973

10/11/12 -0115.--016 **20.00





Main Office Address: Brick Business Law, PA 3413 W Fletcher Ave Tampa, FL 33618

Website: BrickBusinessLaw.com

Phone Numbers: 813-816-1816 (o) 813-544-6277 (d) 813-544-2006 (f)

Email: Danielle.Peynado @BrickBusinessLaw.com Kevin G Brick, Esq.*
John S. Koda, Esq.
Joseph Kennett, Esq.
Jocelyn C. Smith, Esq.

Scott W. Miller, Esq. Lori Conklin, Esq. Robert L. Chapman, Esq.

*8 C.S Business Litigation

October 26, 2023

<u>VIA PRIORITY MAIL:</u> 9405503699300619732551

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314

RE: TIRADO TRANSPORT SERVICES, LLC – CHANGE OF NAME FILING - L11000047625

Dear Sir/Madam:

Please find enclosed the following documents in connection with the aforementioned:

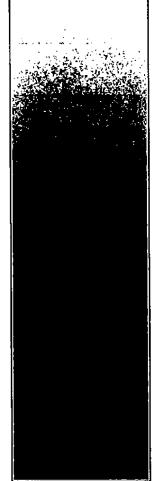
- Cover Letter;
- Articles of Amendment; and
- Check #724 in the amount of \$25.00.

We would be grateful if you could process the enclosed Name Change Filing. Should you have any questions or need anything else in the meantime, please contact me via email at danielle.pevnado@brickbusinesslaw.com or by phone at 813-544,6277.

Sincerely,

Danielle Peynado Senior Paralegal

Encls.



COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| | RANSPORT SERVICES, LLC | | |
| SUBJECT: | Name of Limi | led Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | |
| Please return all correspo | ondence concerning this matter (| o the following: | |
| | DANIELLE PEYNADO | | |
| | | Name of Person | |
| | BRICK BUSINESS LAW, | P.A. | |
| | | Firm/Company | |
| | 3413 W FLETCHER AVE | | |
| | | Address | |
| | TAMPA, FLORIDA 3361 | 8 | |
| | | City/State and Zip Code | - |
| | | BRICKBUSINESSLAW.COM to be used for future annual report t | notification) |
| For further information of | roncerning this matter, please co | | ionication) |
| DANIELLE PEYNADO |) | 813 816-181 <i>0</i> | |
| Name o | of Person | Area Code Day | time Telephone Number |
| Enclosed is a check for t | 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) |
| <u>Mailing Addre</u> Registration | | Street Address Registration | |
| • | Section Corporations | | Corporations |
| P.O. Box 63 | 27 | | of Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Moi | nroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 (7-31 P.1 9-21

TIRADO TRANSPORT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| \cdot |
|--|
| The Articles of Organization for this Limited Liability Company were filed on 04/20/2011 and assigned |
| Florida document number 1.11000047625 |
| |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| TIRADO ENTERPRISE SERVICES, LLC |
| 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) |
| |
| |
| Enter new mailing address, if applicable: |
| |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new register |
| agent and/or the new registered office address here: |
| |
| Many of Many Banistagad Amante |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| , Florida |
| City 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 or removed from our records</u>:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|---------------|------|--------------|----------------|
| | | | □Add |
| | | | □ Remove |
| | | | □ Change |
| - | | | 🗆 Add |
| | | | □ Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | 🗇 Change |
| | | | □Add |
| | | | □ Remove |
| | | . | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
| | | | □ Add |
| | | | |
| | | | □Change |

| | | | • | | |
|---|---|---|--|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | c eq. | | (| |
| (If an effective date Note: If the date | if other than the date of is listed, the date must be spelled in this block doctive date on the Departm | eitic and cannot be prious not meet the applications. | r to date of filing or more cable statutory filing re | (optional) than 90 days after filing.) Pu quirements, this date wil | rsuant to 605.02 I not be listed : |
| he record specific ord is filed. | s a delayed effective date. | but not an effective (| time, at 12:01 a.m. on t | he earlier of: (b) The 90 |)th day after th |
| OCTOB | ER 25 | 2023 | | | |
| Dated | | | Sal | | |
| | | | | | |
| | Signati | ure of a member or auth | norized sepresentative of | ı member | |

Filing Fee: \$25.00