

L12 000 134 109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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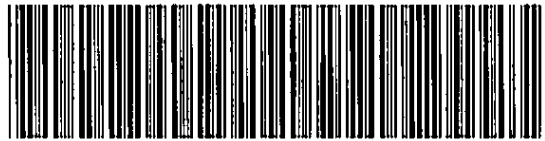
(Business Entity Name)

(Document Number)

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2020 AUG 12 PM 12:48

~ SIMMONS

SEP 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES ELITE TRANSPORTATION, 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:

RICHARD OXNAM
Name of Person

NAPLES ELITE TRANSPORTATION, LLC
Firm/Company

2124 NE 25TH TERR
Address

CAPE CORAL, FL 33909
City/State and Zip Code

INFO@NAPLESELITETRANSPORTATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD OXNAM at (239) 289-5664
Name of Person Area Code 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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NAPLES ELITE TRANSPORTATION, 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 10/19/2020 and assigned Florida document number L12000134109.

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)

2124 NE 25TH TERR, CAPE CORAL, FL

33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2124 NE 25TH TERR, CAPE CORAL, FL

33909

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

Name of New Registered Agent:

RICHARD K OXNAM

New Registered Office Address:

2124 NE 25TH TERR, CAPE CORAL, FL

Enter Florida street address

CAPE CORAL

City

Florida

33909

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.

R. K. Oxnam
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>JOSEPH HAMMER</u>	<u>4710 11TH AVE SW</u>	<input type="checkbox"/> Add
		<u>NAPLES, FL 34116</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MEMBER</u>	<u>STEVEN HAMMER</u>	<u>1406 JEFFERSON ST S</u>	<input type="checkbox"/> Add
		<u>WADENA, MN 56482</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Additional sheets, if necessary. 48

E. Effective date, if other than the date of filing: _____ (optional)

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

Dated AUGUST 10, 2020

JOSEPH HAMMER

Typed or printed name of signee