

L12000139232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

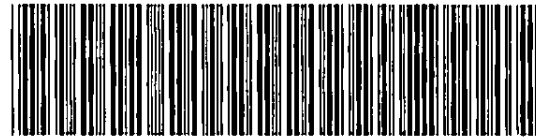
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 25 PM 1:29

DIVISION OF CORPORATIONS

O. SIMMONS

AUG 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

SHANTRIA BALY
201 NE 30TH CT
POMPANO BEACH, FL 33064

SUBJECT: 2 U 4 U TRANSPORT EXPERTS LLC
Ref. Number: L12000139232

We have received your document for 2 U 4 U TRANSPORT EXPERTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 917A00016709

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2044 Transport Experts, LLC
Name of Limited Liability Company

2017 AUG 11 AM 12:48
TALLAHASSEE, FL 32301

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

Please return all correspondence concerning this matter to the following:

Shantria Baly
Name of Person

2044 Transport Experts, LLC
Firm/Company

201 NE 30th Court
Address

Pompano Beach, FL 33064
City/State and Zip Code

2044transport@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantria Baly at (501) 261-4385
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2 U 411 Transport Experts 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 11/2/12 and assigned

Florida document number 612000139232

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

201 NE 30th Court
Pompano Beach, FL 33061

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

201 NE 30th Court
Pompano Beach, FL 33061

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: _____

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, 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> | <u>Address</u> | <u>Type of Action</u> |
|----------------|-----------------|---------------------------------|---|
| MGR | Morris Smith | 1372 NW 104 th Drive | <input checked="" type="checkbox"/> Add |
| | | Coral Springs, FL 33061 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Shantria Bailey | 201 NE 30 th Court | <input checked="" type="checkbox"/> Add |
| MGR | | Pompano Beach, FL 33064 | <input 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 |
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| | | | <input type="checkbox"/> Change |

17 AUG 25 PM 1:29
DIVISION OF CHILD WELFARE

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
17 AUG 25 PM 1:29
DIVISION OF CONSUMER PROTECTION

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

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated August 11, 2017

Signature of a member or authorized representative of a member

Shantria Bady
Typed or printed name of signer