

L130000058537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

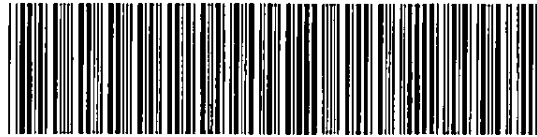
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2023 APR 21 PM 12:43
STATE
OFFICE OF THE CLERK
TALLAHASSEE, FL

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2023 APR 21 AM 8:58
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TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: I20210000160 **\$30.00**

Authorization Signature: 

Forever Together Transport LLC L13000058537

Business Name Doc. #

__ **Certified Copy of**

__ **Certificate of Status**

NEW FILINGS

- __ Profit Corp
- __ Not for Profit
- __ Officer/Director
- __ Limited Liability
- __ Domestication
- __ Other
- __ **CORP**
- __ **LLLP**

AMENDMENTS

- X Amendment
- __ Resignation of R.A.
- __ Change of Registered Agent
- __ Revocation of Dissolution
- __ Merger
- __ **Conversion**
- __ **Amended and restated Articles**
- __ **Statement of Authority**

OTHER FILINGS

- __ Annual Report
- __ Fictitious Name
- __ APOSTILLE

REGISTRATION/QUALIFICATIONS

- __ Foreign filing
- __ Limited Partnership
- __ Reinstatement

__ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOREVER TOGETHER TRANSPORT 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:

Natalie Hidalgo

Name of Person

Westfield Accounting Services LLC

Firm/Company

357 Old Town Rd

Address

East Setauket, NY 11733

City/State and Zip Code

natalie@westfieldasllc.com

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

For further information concerning this matter, please call:

Natalie Hidalgo

917 326-1562

at (_____) _____

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**

FOREVER TOGETHER TRANSPORT LLC

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

FILED
2023 JUN 21 PM 12:43

STATE
FL

The Articles of Organization for this Limited Liability Company were filed on 04/02/2013 and assigned
Florida document number L13000058537.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Forever Together TNC 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
		_____	<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

2023 JUN 21 PM 12:43
DEPT. OF STATE
TALLAHASSEE, FL

FILED
MAR 21 PM 12:43
2023
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

(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.

Dated April 20, 2023

Celina L Salsamendi

Filing Fee: \$25.00