

L13000168924

(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:

Walk In

Office Use Only



100262981811

08/26/14--01004--011 **25.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 AUG 26 AM 9:33
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 AUG 26 PM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Door 2 Door 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:

Gabriella Picardi
Name of Person

Door 2 Door Transport LLC
Firm/Company

18840 NW 84 AVE
Address

Miami FL 33015
City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriella Picardi at (305) 853-8723
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
14 AUG 26 PM 9 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Door 2 Door Transport LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Gabriella Picardi	Gabriella Picardi	☒ Add
		18788 NW 79 Ct.	☐ Remove
		Miami FL 33015	
MGR	Anna Rodriguez	Anna Rodriguez	☐ Add
		18840 NW 84 AVE	☒ Remove
		Miami FL 33015	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

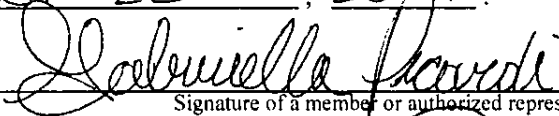
FILED
14 AUG 20 PM 4:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 22, 2014



Signature of a member or authorized representative of a member

Gabriella Picardi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG 26 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA