

L13000168924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

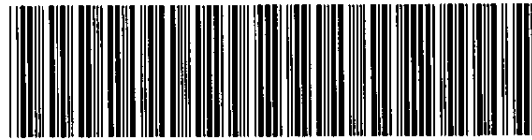
(Business Entity Name)

(Document Number)

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T. Burch

T. Burch

## 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:

JOEL RODRIGUEZ

\_\_\_\_\_  
Name of Person

DOOR 2 DOOR TRANSPORT LLC

\_\_\_\_\_  
Firm/Company

955 EAST 1ST STREET

\_\_\_\_\_  
Address

HIALEAH, FL 33010

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

JOEL RODRIGUEZ

at ( 786 ) 413-5539

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

DOOR 2 DOOR TRANSPORT 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 12/06/2013 and assigned  
Florida document number L13000168924.

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 end with 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)

DOOR 2 DOOR TRANSPORT LLC

955 EAST 1ST STREET

HIALEAH, FL 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DOOR 2 DOOR TRANSPORT LLC

955 EAST 1ST STREET

HIALEAH, FL 33010

**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:

JOEL RODRIGUEZ

New Registered Office Address:

955 EAST 1ST STREET

*Enter Florida street address*

HIALEAH

*City*

Florida 33010

*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.*

Joel Rodriguez  
If Changing Registered Agent, Signature of New Registered Agent

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	<input type="checkbox"/> Add
		18788 NW 79 CT	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33015	
MGR	JOEL RODRIGUEZ	JOEL RODRIGUEZ	<input checked="" type="checkbox"/> Add
		955 EAST 1ST STREET	<input type="checkbox"/> Remove
		HIALEAH, FL 33010	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 October 16, 2014

Joel Rodriguez

Signature of a member or authorized representative of a member

JOEL RODRIGUEZ

Typed or printed name of signee

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