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SUFFICIENCY OF PAR

NOV 2.2 20Th J. HARRIS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOOL 2 DOOL 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:
Joli Rodrigulz Name of Person
Door 2 Door Transportle
955 E. 1st Stillt.
Hialean FT 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:
TOLI Podrigul Z Name of Person at 305, 447 0902 Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

<u> </u>	100 / 100C	15POI+	UL.
(Name of the Limited Liab (A Flori	illity Company as it now a ida Limited Liability Com	appears on our reco pany)	rds.)
The Articles of Organization for this Limited Liability Florida document number <u>L130001089</u>	Company were filed o	on 12 0 U	15 · and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability compa	ny here:	
The new name must be distinguishable and contain the words "L	imited Liability Company,	" the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
	.		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
	-	ss on our reco	rds, <u>enter the name of the</u>
	-	ss on our reco	rds, enter the name of the
registered agent and/or the new registered office ac	ddress here:		
registered agent and/or the new registered office ac	ddress here:	er Florida street add	
	ddress here:	er Florida street add	

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:

	anager uthorized Member	:	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	1011 MOHINEZ Perez	Idel Mattinez Perez	🗆 Add
		18840 NW 84 AVL.	Remove
		Hia1 2011 FL 33015	☐ Change
MAR	Anna Rodriguez	Anna Rodriguez	
	_	955 E. Ist. Still+.	Remove
		Hialean Fl 33010	Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
	n		Add
			Remove
			Change
			🗆 Add
			Remove
			5 Cl

ii aine	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: 11 15 2010 (optional) Rective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	Joel Rodriguez- Signature of a member of a member
	Joel Rodriguez
	· ·
	Joe Podriquez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00