

L14 000013693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/01/14--01025--012 **25.00

EFFECTIVE DATE

03-31-14

2014 APR 31 P 1:01

03-31-14

B. BOSTICK

APR - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONORI TRANSPORTATION SERVICES 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:

ROBERT R. ONORIO

Name of Person

ONORI TRANSPORTATION SERVICES LLC

Firm/Company

12250 MENTA STREET, STE 202

Address

ORLANDO, FL 32837

City/State and Zip Code

al@coopertaxes.com

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

For further information concerning this matter, please call:

ROBERT R. ONORI

Name of Person

at (407) 873-5636

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ONORITRANSPORTATION SERVICES 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 01/24/2014 and assigned
Florida document number L14000013693.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2011-01-24	13693
01/24/2014	L14000013693
01/24/2014	L14000013693
01/24/2014	L14000013693
01/24/2014	L14000013693

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2011-01-24	13693
01/24/2014	L14000013693
01/24/2014	L14000013693
01/24/2014	L14000013693
01/24/2014	L14000013693

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

MGR= Manager
AMBR = Authorized Member

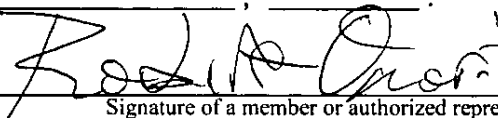
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 3/31/2014 (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 MARCH 31, 2014



Signature of a member or authorized representative of a member

ROBERT R. ONORI

Typed or printed name of signee

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Filing Fee: \$25.00

2014 MAR 31 PM 4:01
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