## R 012586

(Req	uestor's Name)
(Add	ress)
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(City)	/State/Zip/Phone #)
	WAIT MAIL
(Busi	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
DEC	I HORNE

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TALLAHASSEE, FLUMMA 2022 DEC -5 PM 3: 47 RECEIVED

SECRETARY CI 2022 DEC -5 MM 10: 15 <u>ר</u>ו .....

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FLORIDA CAPITAL COURIER SERVICES, INC	
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-624	

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Save On Transport Enterprises_LLC	<u>L14000072586</u>
Business	Doc. #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	
_X_Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit	<u>X</u> Ammendment
Not for Profit	Resignation of R.A. Officer/Dire Change of Registered Agent
Limited Liability Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	<b>REGISTERATION/QUALIFICATIONS</b>
Annual Report	Foreign filing Limited Partnership

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EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

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Save On Transport Enterprises LLC	L14000072 <u>586</u>
Business	Doc. #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	
X_Certificate of Status	
<u>NEW FILINGS</u>	AMMENDMENTS
Profit	<u>X</u> Ammendment
Not for Profit	Resignation of R.A. Officer/D Change of Registered Agent
Limited Liability Domestication	Dissolution/Withdrawal
Other	Merger
	¥
CORP	Conversion
	Conversion REGISTERATION/QUALIFICATIONS
CORP	

EXAMINER'S INITIALS:

## -TO: Registration Section Division of Corporations

SUBJECT:

Save On Transport Enterprises LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Gibbons

Name of Person

Save On Transport Enterprisses LLC

Firm/Company

4437 lady Beverlee Ct.N

Address

Fort Lauderdale, Fl 33069

City/State and Zip Code

bgibbons5@outlook.com

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

For further information concerning this matter, please call:

Brian Gibbons 561 859-7255 at (\_\_\_\_\_) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

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<u>Mailing Address:</u> 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

	OF AMENDMENT TO	2022 DEC -5 AM ID: 16	
ARTICLES OF ORGANIZATION OF		SECRETARY (10: 16	
Save On Transport Enterprises LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L14000072586</u>	pany were filed on 12/5/22	and assigned	
This amendment is submitted to amend the following:			
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A. If amending name, <u>enter the new name of the limited</u>	liability company here:		
The new energy has distinguished and a second standard with the second	Liebility Comments "the designment	the family of the address interest of the family	
-	Liability Company," the designation	"LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:		"LLC" or the abbreviation "L.L.C""	
Enter new principal offices address, if applicable:		"LLC" or the abbreviation "L.L.C""	
Enter new principal offices address, if applicable:		"LLC" or the abbreviation "L.L.C""	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES		"LLC" or the abbreviation "L.L.(""	
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable:	<u></u>	"LLC" or the abbreviation "L.L.C""	
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable:	<u>(S)</u> 6330 N Andrews Ave.		
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable:	<u>6330 N Andrews Avc.</u> Suite 301		
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330	9	
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable: ( <i>Mailing address MAY BE A POST OFFICE BOX</i> ) B. If amending the registered agent and/or registered of	6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330	9	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330	9	
Enter new principal offices address, if applicable: ( <i>Principal office address MUST BE A STREET ADDRES</i> Enter new mailing address, if applicable: ( <i>Mailing address MAY BE A POST OFFICE BOX</i> ) B. If amending the registered agent and/or registered of	6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330	9	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	5) 6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330 Fice address on our records, g	9 enter the name of the new registered	
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 of agent and/or the new registered office address here: Name of New Registered Agent:	6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330	9 enter the name of the new registered	
	5) 6330 N Andrews Ave. Suite 301 Fort Lauderdale Fl, 3330 Fice address on our records, 9	9 enter the name of the new registered	

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.

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			CRemove
			□Change
			🗆 Add
		<u> </u>	□Change
			[]Add
			🔤 Add
		🗆 Add	
	<u> </u>	🗆 Remove	
	,		🖸 Add
		·	🖸 Remove
			□ Change

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

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. Effective date, if other than the date of filing: (optional) (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 ( <u>Note:</u> 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.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated December 4 2022 Brian Ji Class Signature of a member or authorized representative of a member
Brian Gibbons
Typed or printed name of signee

Filing Fee: \$25.00