## L14000116478

| (F                   | Requestor's Name)       |
|----------------------|-------------------------|
| - (/                 | Address)                |
|                      | Address)                |
| (0                   | City/State/Zip/Phone #) |
| PICK-UP              | WAIT MAIL               |
| (E                   | Business Entity Name)   |
| ])                   | Document Number)        |
| Certified Copies     | Certificates of Status  |
| Special Instructions | to Filing Officer:      |
|                      |                         |
|                      |                         |
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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

| Division of Cor   | rporations                                      |   |  |
|---|---|---|--|
|   | AUTO OF MIAMI, LLC                              | •   |  |
| SUBJECT:  | Name of Lim                                     | ited Liability Company  |  |
|   |   |   |  |
| The enclosed Articles of                                | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo                              | ondence concerning this matter                  | to the following:   |  |
|   | Alex Perez                                      |   |  |
|   |   | Name of Person  |  |
|   |   | Firm/Company  |  |
|   | PO BOX 522131                                   |   |  |
|   |   | Address   |  |
|   | Miami, FL 33152                                 |   |  |
|   |   | City/State and Zip Code   |  |
|   | driverstransport01@gmail.c<br>E-mail address: ( | com<br>to be used for future annual report not                        | ification)   |
| For further information of                              | concerning this matter, please c                | all:  |  |
| Alex Perez  |   | 786 543-7239  |  |
| Name o  | of Person                                       | Area Code Daytin  | ne Telephone Number  |
| Enclosed is a check for t                               | he 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 Division of C P.O. Box 632 | Section<br>Corporations                         | Street Address:<br>Registration So<br>Division of Co<br>The Centre of | rporations   |
| Tallahassee.  | FL 32314  | 2415 N. Monro   | pe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ELEGANT AUTO C  | OF MIAMI, LLC [1                        | 1 1                                      | : (4)                                |
|---|---|--|--------------------------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia  | as it now appears on<br>bility Company) | our records.)                            | <u>.</u>                             |
| The Articles of Organization for this Limited Liability Company w Florida document number   | ere filed on                            | 07/24/2014                               | and assigned                         |
|   |   |  |                                      |
| This amendment is submitted to amend the following:   |   |  |                                      |
| A. If amending name, enter the new name of the limited liabili  | ty company here:                        |  |                                      |
| FIREBIRD TRANSPORT, LLC  The new name must be distinguishable and contain the words "Limited Liability  | Company " the design                    | ation "LLC" or the ab                    | breviation "L.L.C."                  |
| •   | company, the delign                     |  |                                      |
| 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)  |   |  |                                      |
|   |   | <u> </u>                                 |                                      |
| D. If any alice the registered agent and/on registered office ad  | d on our room                           | alo ontor the nam                        | a af the new registered              |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  | aress on our recor                      | us, <u>enter the nam</u>                 | e of the new registeren              |
|   |   |  |                                      |
| Name of New Registered Agent:   |   |  |                                      |
|   |   | _  |                                      |
| New Registered Office Address:  | Enter Florida s                         | treet address                            |                                      |
|   |   | Elonido                                  |                                      |
|   | City                                    | Florida                                  | Zip Code                             |
| New Registered Agent's Signature, if changing Registered Agent:   |   |  |                                      |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my<br>ovided for in Chap  | duties, and I am f<br>oter 605, F.S. Or. | amiliar with and if this document is |

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:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ···                          |   |   |
| 3.00 J. I.                   |   | October 01, 2020  |
| f an effective dat           | e is listed, the date must be specific                            | filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
|                              | ite inserted in this block does need to be does in the Department | not meet the applicable statutory filing requirements, this date will not be listed at of State's records.          |
|                              |   |   |
| e record specified is filed. | es a delayed effective date, but                                  | at not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the                               |
| Data d                       | September 28  | 2020  |
| Dated                        |   | <u> </u>  |
|                              |   |   |
|                              | Signature of  | of a member of authorized representative of a member  |
|                              |   |   |

Filing Fee: \$25.00