214000118879

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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COVER LETTER

TO:

	gistration Se vision of Cor			
eun wer		VE PROPERTY RENOVATO	RS LLC	·
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		NILDO DESIR		
		 	Name of Person	
			Firm/Company	
		18350 NW 2ND AVE SUI	TE 602	
		MIAMI FL 33169	Address	
		onice305@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please ca	all:	
NILDO DE	SIR		954 699-5295 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000118879</u>	were filed on <u>07/29/201</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LUCRATIVE TRANSPORTATION & LOGISTICS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	18350 NW 2ND AVE SUITE 602		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33169		
Enter new mailing address, if applicable:	18350 NW 2ND AVE SUITE 602	B TILE	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33169	7 7 0	
		01. 6.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the ne	
Name of New Registered Agent:			
N 5 1000 11			
New Registered Office Address:	Enter Florida street address		
New Registered Office Address:	Line Frontal Street Moures.		
New Registered Office Address:	Florid	a	
New Registered Office Address: ——————————————————————————————————		aZip Code	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Florid:	aZip Code	

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>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			Change
			☐ Remove
			☐ Change

If an ei <u>Note:</u>	tive date, if other than the date of filing: 03/22/2019 (optional) ffective 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 a 90th day after the record is filed.
Dated	03/15/, 2019.
Dated	1 03/15/, 2019. rullo desin
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00