

L15000128140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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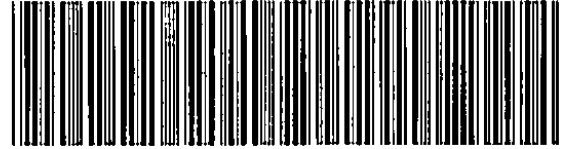
(Business Entity Name)

(Document Number)

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2021 SEP -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

09/14/2021
JH

TO: Registration Section
Division of Corporations

SUBJECT: Transportation C & V 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:

Kashif Aris
Name of Person

Firm/Company

4045 W McNab Rd APL# 306
Address

Pompano Beach, FL 33309
City/State and Zip Code

bellastaher@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kashif Aris at (786) 843-5320
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 SEP -2 PM 2: 1

Transportation C & V LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 27, 2015 and assigned Florida document number L15000128140.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2950 W McNab Rd

Suite # 104

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 W McNab Rd

Suite # 104

Fort Lauderdale, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

GERARD C. MOSIELLO

New Registered Office Address:

2950 W McNab Rd Suite # 104

Enter Florida street address

Fort Lauderdale

City

, Florida 33309

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.

g L m m

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>PRES</u>	<u>CESAR MARRERO</u>	<u>2147 BLACKSTONE LANDING DRIVE</u>	<input type="checkbox"/> Add
		<u>KISSIMMEE, FL 34758</u>	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Char
<u>VP</u>	<u>MELISSA MORALES</u>	<u>2147 Blackstone Landing Drive</u>	<input type="checkbox"/> Add
		<u>KISSIMMEE, FL 34758</u>	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Char
<u>MGR</u>	<u>KASHIF ARIS</u>	<u>2950 W McNab Rd</u>	<input checked="" type="checkbox"/> Add
		<u>2950 W McNab Rd</u>	
		<u>Suite # 104</u>	<input type="checkbox"/> Rem
		<u>2950 W McNab Rd</u>	
		<u>Fort Lauderdale, FL 33309</u>	<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Rem
			<input type="checkbox"/> Char

[illegible]

(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 **Note:** 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.

Dated August 28th, 2021.

Kashif Aris

Filing Fee: \$25.00