

L16 0000020175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

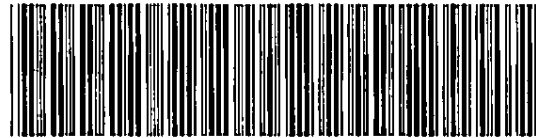
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED

2020 DEC 21 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
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& N/C

JAN 28 2022

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2021 DEC 21 PM 12:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2021

CAJUSTE KIMENE
3592 SUMMERSET PARK DR
ORLANDO, FL 32824

SUBJECT: CAJUSTE TRANSPORTATION LLC
Ref. Number: L16000020175

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 421A00029155



OCT 13 PM 1:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2021

CAJUSTE KIMENE
3592 SUMMERSET PARK DR
ORLANDO, FL 32824

SUBJECT: CAJUSTE TRANSPORTATION LLC
Ref. Number: L16000020175

We have received your document for CAJUSTE TRANSPORTATION LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 421A00020306

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATUSTE TRANSPORTATION 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:

Kimene CATUSTE
Name of Person

~~FC~~ TRANSPORTATION LLC
Firm/Company

3592 Somerset Park DR
Address

ORLANDO FL 32824
City/State and Zip Code

KimeneCATUSTE@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimene CATUSTE at (407) 716-8209
Name of Person 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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

FILED
2020 DEC 21 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-28-2016 and assigned
Florida document number L16000020175

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

7C TRANSPORTATION LLC

The new name must be distinguishable and contain 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)

3592 SOMERSET PARK DR
ORLANDO FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME ADDRESS

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:

Kimene CATUSTE

New Registered Office Address:

3592 SOMERSET PARK DR

Enter Florida street address

ORLANDO

City

Florida

32824

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.

Kimene Cajuste
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>	<u>Type of Action</u>
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MANAGER	MARIE SANDRINE VARICE	3592 SOMERSET PARK DR	<input checked="" type="checkbox"/> Add
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[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 605.0207 (3)(b)

Dated 10/3/21

Kimene Cajeste
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member
 Jimenez Castuste
 Typed or printed name of signee

Filing Fee: \$25.00