

L16 000067141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

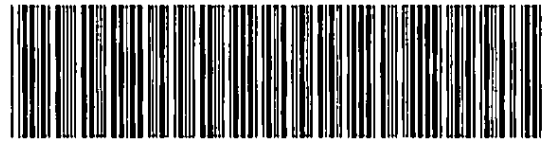
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 MAR 14 PM 3:19
CLERK OF STATE

O SIMMONS
MAR 24 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2022

ROOSEVELT METHELUS
335 CHILLINGWORTH DR
WEST PALM BEACH, FL 33409

SUBJECT: CALEB TRANSPORTATION SERVICES LLC
Ref. Number: L16000067141

We have received your document for CALEB TRANSPORTATION SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. 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.

Tekayla T Matthews
OPS

Letter Number: 822A00003045

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caleb Transportation Services LLC
Name of Limited Liability Company

RECEIVED

2022 MAR 14 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roosevelt Methelus

Name of Person

Caleb Transportation Services LLC

Firm/Company

335 Chillingworth Dr

Address

West Palm Beach FL 33409

City/State and Zip Code

Roosevelt12052@gmail.com

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

For further information concerning this matter, please call:

Roosevelt Methelus

Name of Person

at (561) 907 0309

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)

I already pay for that

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**

Caleb Transportation Services 8/20/2016 PM 3:19
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 04-05-2016 and assigned Florida document number L16000067141.

This amendment is submitted to amend the following:

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

Jet Yellow Cab & Limousine Service 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1438 W. Broome St
Tallahassee FL 32302

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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)

If 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 record is filed.

Signature of _____

Signature of a member or authorized representative of a member

Roosevelt Methelus

Typed or printed name of signee

Filing Fee: \$25.00