116000173457

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

Office Use Only



09/20/21--01011--013 **30.00

٠,٠

alakia

COVER LETTER

.

| SUBJECT: 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: ROMAN RODINTSOV Name of Person OKAY TRANSPORT LLC Firm/Company \$486 DYNASTY DR Address BOCA RATON, FL33433 City/State and Zip Code okaytransportllc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{Certificate of Status} \text{Certified Copy} (additional copy is enclosed) \text{Mailing Address:} \text{Designer tentions Soution} Street Address: Participates Soution | | tion Section of Corporations | • | , |
|--|---------------------|--------------------------------------|---|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROMAN RODINTSOV Name of Person OKAY TRANSPORT LLC Firm/Company 8486 DYNASTY DR Address BOCA RATON, FL33433 City/State and Zip Code okaytransportllc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV Name of Person Tender of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Mailing Address: Street Address: | OK/ | AY TRANSPORT LLC | | |
| Please return all correspondence concerning this matter to the following: ROMAN RODINTSOV | SUBJECT: | Name of Lin | nited Liability Company | |
| ROMAN RODINTSOV Name of Person | The enclosed Arti | cles of Amendment and fee(s) are sub | omitted for filing. | |
| Name of Person OKAY TRANSPORT LLC Firm/Company 8486 DYNASTY DR Address BOCA RATON, FL33433 City/State and Zip Code okaytransportlc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 Area Code Name of Person Take Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Street Address: | Please return all o | orrespondence concerning this matter | to the following: | |
| Name of Person OKAY TRANSPORT LLC Firm/Company 8486 DYNASTY DR Address BOCA RATON, FL33433 City/State and Zip Code okaytransportllc@gnnai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 6610042 at () Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | | ROMAN RODINTSOV | | |
| Firm/Company 8486 DYNASTY DR Address BOCA RATON. FL33433 City/State and Zip Code okaytransportllc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 6610042 at (| | - | Name of Person | |
| Address BOCA RATON, FL33433 City/State and Zip Code okaytransportllc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV Table 1 | | OKAY TRANSPORT LL | С | |
| BOCA RATON, FL33433 City/State and Zip Code okaytransportlle@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 6610042 at (| | - | Firm/Company | ·· · |
| BOCA RATON, FL33433 City/State and Zip Code okaytransportllc@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 at (| | 8486 DYNASTY DR | | |
| City/State and Zip Code okaytransportlle@gmai.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV 786 6610042 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | | + 18 | Address | <u>-</u> |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV | | BOCA RATON, FL33433 | 3 | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROMAN RODINTSOV Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | • | |
| For further information concerning this matter, please call: ROMAN RODINTSOV 786 6610042 at (| | | | fication) |
| ROMAN RODINTSOV at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Street Address: | For further inform | | · | |
| Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | | - | 786 6610047 | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | | Name of Person | Area Code Daytim | e Telephone Number |
| Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Street Address: | Enclosed is a chec | ck for the following amount: | | |
| | □ \$25.00 Filing | | Certified Copy | Certificate of Status & Certified Copy |
| Registration Section Registration Section | | | <u>Street Address:</u> Registration Se | ction |
| Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee | Divisio | n of Corporations | Division of Cor | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp. (A Florida Limited | iny as it now appears on our records.) | |
|---|---|----------------------|
| (A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number L16000173457 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 8486 DYNASTY DR. BOCA RATON. | FL 33433 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | 8486 DYNASTY DR, BOCA RATON. | . FL 33433 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mulang quaress BIAT DE A TOST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office | address on our records, <u>enter the nan</u> | ne of the new regi |
| agent and/or the new registered office address here: | | • - |
| | | 0.7 €3 |
| 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | 🗀 Add |
| | | | Remove |
| | | | □Change |
| | | | CiAdd |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | • Change |
| | | - | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Changa. |

| AGENTS FOR PRINSIPAL OF | FFICE ADDRESS: 8486 DYNASTY DR, BOCA RATON, FL 33433 |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| n effective date is listed, the date must be | ate of filing: |
| ecord specifies a delayed effective d is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| SEPTEMBER 17 | . 2021 |
| | gnature of a member or authorized representative of a member |
| ROMAN RODINTSOV | |
| | Typed or printed name of signee |

Filing Fee: \$25.00