117000122677

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100314939421

06/27/18--01012--008 **25.00

DIVISION OF CORPORATION

N COOPER JUN 29 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
enn n		ANSPORT LLC		
SUBJE	3C1:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ADRIAN RICARDO		
			Name of Person	
		ADY J TRANSPORT LL	С	
		1	Firm/Company	
		8401 N NEWPORT AVE		
			Address	
		TAMPA, FL 33604		
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	all:	
ADRIA	AN RICARDO		813 892-1509	
	Name of	Person	at () Area Code	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADY J TRANSPORT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited Liability Company Plorida document number L17000122677	were filed on 06/05/2017	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	Z 155 Z
		7 7 CORRECTION OF CORRECTION
Enter new mailing address, if applicable:		PH RR CT
Mailing address MAY BE A POST OFFICE BOX)		
		ω <u>"</u>
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
res registered office radicas.	Enter Florida street address	
	Flori	
	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, 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
MGMR	ROLANDO RICARDO	8401 N NEWPORT AVE	
		TAMPA, FL 33604	□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

• • • •	PLEASE ADD ROLANDO RICA	RDU AS MGMR	
			··· - ·
•			
	· · · · · · · · · · · · · · · · · · ·		
•			
			
			723
			
			<u>ထင်နိုင်မှု</u>
			*
			
			
. Effe (If an	ctive date, if other than the date offective date is listed, the date must be spe	of filing: (optional) necific and cannot be prior to date of filing or more than 90 days after tiling.) Pursua	int to 605.0207 (3
Not		oes not meet the applicable statutory filing requirements, this date will no	
CIO/C	ament 5 effective time on the Bepartin	The William Control of the Control o	
		ective date, but not an effective time, at 12:01 a.m. on the	e earlier of:
b) Ti	ne 90th day after the record is	s filed.	
	JUNE . 22	2018	
Date	ed	·	
	X Odrum	_	
	Signat	ture of a member or authorized representative of a member	
	ADRIAN RICARDO		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00