217000131923

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	
Certified Copies	Certificates	of Status
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AND AREAS OF FLORIDA



COVER LETTER

Divis	sion of Corp	porations		
SUBJECT:	SHALOM S	SPIRIT TRANSPORT & SER	VICES LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		SURINA MACEO		
			Name of Person	
		SHALOM SPIRIT TRANS	SPORT & SERVICES LLC	
Firm/Company				
		2402 Oak Road Blue		
			Address	
		Kissimmee, FL 34744		
			City/State and Zip Code	
		surinamaceo@gmail.com		
For further in	formation co	th-mail address: (oncerning this matter, please ca	to be used for future annual report notifi	eation)
1 of fartiter in	iormation co	meering this matter, prease ea	aii.	
SURINA MA	ACEO		305 632-9731 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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:

TO: Registration Section

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

SHALOM SPIRIT TRANSPORT & SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/20/2017 and assigned Florida document number L17000131923 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 "LLC." 2402 Oak Road Blue Enter new principal offices address, if applicable: Kissimmee, FL 34744 (Principal office address MUST BE A STREET ADDRESS) 2402 Oak Road Blue Enter new mailing address, if applicable: Kissimmee, FL 34744 (Mailing address MAY BE A POST OFFICE BOX) 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

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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
MGR	SANCHEZ, OSMANY	5100 W FLAGLER St APT #204	
		CORAL GABLES, FL 33134	Remove
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ffective date, if other that an effective date is listed, the date					tional) er filing.) Pursuar	nt to 605.020
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ocument's encetive date on	the Department	of State S records.				
e record specifies a de	laved effective	e date, but no	t an effective	time, at 12:01	a.m. on the	e earlier o
The 90th day after the				•		
October 27		2017				
October 27			·			
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	·	for manhar or author	rized representativ	a of a mambar		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00