# L17000 136133

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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SPRATHER

### **COVER LETTER**

UBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
lease return all correspo	ondence concerning this matter t	o the following:	
	CHRISTOPHER E SOTO		
		Name of Person	
	SOTO WAY TRANSPORT	LLC	
		Firm/Company	<del></del>
	448 ARTISAN ST		
		Address	<del></del> _
	ORLANDO FL 32824		
	SOTOWAYTRANSPORT@	City/State and Zip Code	·····
	E-mail address: (to	o be used for future annual report notific	cation)
or further information c	concerning this matter, please ca	II:	
CHRISTOPHER SOTO		407 978-8787	
Name o	of Person	at () Area Code Daytime	Telephone Number
nclosed is a check for the	he 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:

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

SOTO WAY TRANSPORT LLC		- River 1	
(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)	<del>``</del>	
he Articles of Organization for this Limited Liability Compa		and assigned	
orida document number L17000136133		* 5	
his amendment is submitted to amend the following:		}	
. If amending name, enter the new name of the limited li	ability company here:	•	
OTOWAY TRANSPORT LLC			
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		•	
		,	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		•	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h  Name of New Registered Agent:	<del>-</del>		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Age	nt:		
hereby accept the appointment as registered agent and a rovisions of all statutes relative to the proper and comple ccept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered offi	ete performance of my duties, and I dust provided for in Chapter 605, F.S.	am familiar with and Or, if this document	

If Changing Registered Agent, Signature of New Registered Agent

11 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** \_D Add ☐ Remove □ Change \_□ ∧ddì ☐ Remove \_D Change \_□ Add 🔲 Removė ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove □ Change \_□ Add □ Remove \_□ Change

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effective date is l	other than the date of sted, the date must be spec	citic and cannot be prior to date of filing	g or more than 90 days after filin	g.) Pursuant to 605.02
<u>e:</u> If the date in iment's effectiv	serted in this block doe e date on the Departme	es not meet the applicable statutory ent of State's records.	filing requirements, this dat	e will not be listed
	ies a delayed effec after the record is	tive date, but not an effect filed.	ive time, at 12:01 a.m	. on the earlier
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		ire of a member or authorized represen		6 ·
	i .	Pher Sufe Typed or printed name of sign		Ę

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Filing Fee: \$25.00