118000157960

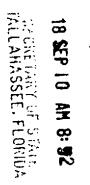
(Requestor's Name)
(Address)
(Address)
(ridaress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



700318194217

09/10/18--01013--022 **25.00



COVER LETTER

	gistration Sec ision of Corp					
ALIB DOCAR	DIFERAN T	RANSPORT LLC				
SUBJECT:		Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-				
rease return	ran correspor	Marcel A Saint Pierre	to the following.			
Name of Person DIFERAN TRANSPORT LLC						
Firm Company 4519 Raymar Drive						
Address Orlando, Florida 32839					12 to 3	,
		wwdiferan@gmail.com	City/State and Zip Code		100 KP 10	1 12 1 12 1 14 1 14 1 14 1 14 1 14 1 14
For further i	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	ification)	ET 3	ED
Marcel A. S	Saint Pierre		407 283.5376 at ()		8: 92	
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number L18000157960	any were filed on June 27, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	lability Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		6 6 7 7	
Enter new mailing address, if applicable:		SSE ST	
(Mailing address MAY BE A POST OFFICE BOX)		FLORE S	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		iter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	

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>	<u>Address</u>	Type of Action
MGR	Marcel A. Saint Pierre	4519 Raymar Drive Orlando, FL 32839	
			☐ Remove
			☐ Change
AMBR	SAINT PIERRE, MARCEL	4519 Raymar Drive Orlando, FL 32839	■ Add
			□ Remove
			□ Change
			ST Remove
			Remove E G Schange
	-		Add
			Remove
			Change
			Add
			Remove
			□ Change
			Remove
			☐ Change

Adding the name of the Registered Agent as an Authorized Person to account. Registered Agent is the Owner of the business. Please add EIN: 83-1667027 E. Effective date, if other than the date of filing: _ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated ignature of a member or authorized representative of a member Marcel A. Saint Pierre Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00