L18000) 162 562

Office Use Only



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10/09/19--01010--014 **25.00



OCT 2 8 2019 C Kinsey

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: To The Limit Transport LLC 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:
Thomas Ivanoff Name of Person
To The Limit Transport LLC Firm/Company
1722 Mayo Street AP+ # 103
Hollywood, FL 33020 City/State and Zip Code
To the limit transport (gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas TvanoFF at (954) 562-8958 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (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

TO the in	nd transport
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 162562</u> .	were filed on $07/05/208$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:	1722 mayo Street Apt. #103
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33030 5
Enter new mailing address, if applicable:	1722 Mayo Street Apt #103
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood FL 33020
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	Ivanolf
	Enter Florida street address
Hollyw	City. Florida 330 J.O. 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
MGA	Alberto J Olyzybal	4240 sw 125th Lane	
		Micamar, FL 33027	Remove
			□ Change
MGR	Ted A Ivanuff	15423 SW 178 ST	🗹 Add
		Miami, FL 33187	□ Remove
			Change
			
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	of the prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, (b) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated October 4 2	10 M
Signature of a member	er or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00