

L190000028257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

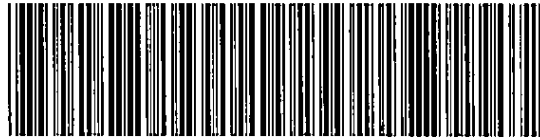
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY 17 AM 8:47
CLERK OF COURT
JULIA A. BROWN

SIMMONS

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

LIFAITE REMY
ALLEGIANCE TRANSPORT LLC
2550 NE 3RD TER
POMPANO BEACH, FL 33064

SUBJECT: ALLEGIANCE TRANSPORT LLC
Ref. Number: L19000028257

We have received your document for ALLEGIANCE TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 3 of Amendment Form

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 919A00009088

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allegiance 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:

Lifaite Remy
Name of Person

Allegiance Transport LLC
Firm/Company

2550 NE 3rd Ter.
Address

Pompano Beach, FL 33064
City/State and Zip Code

allegiancetransportllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lifaite Remy at (561) 757-9100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
(already sent)
- ☐ \$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

RECEIVED

MAY 17 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Allegiance Transport 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 01-28-2019 and assigned Florida document number L19000028257.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
P	Lifaite Remy		<input type="checkbox"/> Add
	2550 NE 3rd Ter.		<input type="checkbox"/> Remove
	Pompano Beach, Fl.	title to (MGR)	<input checked="" type="checkbox"/> Change
	33064		
AR	Nyasia Maldonado		<input type="checkbox"/> Add
	1810 SW 81st Ave.	remove	<input checked="" type="checkbox"/> Remove
	# 2117	entirely from articles	
	North Lauderdale,		<input type="checkbox"/> Change
	Fl. 33068		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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FLORIDA
TALLAHASSEE

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

Nyasia is only the registering agent.
Nothing else. Lifaite's title needs to be
changed from (P) to (MGR).

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19
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ALABAMA

E. Effective date, if other than the date of filing: 5-13-2019 (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 5-13, 2019.

Lifaite Remy
Signature of a member or authorized representative of a member

Lifaite Remy
Typed or printed name of signer