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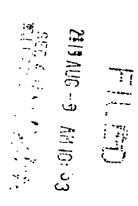
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOS PRIVATE TRANSPORTATION 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:
Samile OHABRAS Name of Person
DOS Private Transportation LLC
947 PADDING-TON TENTAGE Address
LAKE MARY FL 3274.6 City/State and Zip Code
DOS LUXUNT Transport & Comail Com E-mail address: (to be dised for future annual report notification)
For further information concerning this matter, please call:
SAMIR (5 HABRAS at (407) 709 - 8859 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

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

DOS PRIVATE TRANSPORTED TO AN (Name of the Limited Liability Company (A Florida Limited Liability Company)	ISPORTATION LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>LIGOOUIS 79</u> 0	ere filed on $\frac{5/1/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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 QFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the no
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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** Address <u>Title</u> <u>Name</u> AMBR SAMIR GHABRAS 947 PADDIGTON TERRACE WAD LAKE MARY, FL 32746 ☐ Change _____ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 6th, 2019.
	50
	Signature of a member or authorized representative of a member
	Sqmil Ghablas Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00