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COVER-LETTER

TO:

TO: R	Registration Se Division of Cor	ction porations		
enn ie <i>e</i> r		RANSPORTATION SERVIC	E LLC	
SUBJEC [*]); <u> </u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	urn all correspo	ndence concerning this matter	to the following:	
		ROBERTO MACHADO		
			Name of Person	<u> </u>
		SIMPLEX GROUP		
		7500 NW 52ND ST, STE	Firm/Company	
		MIAMI, FL 33166	Address	
		rmachado@simplexgroup.n	City/State and Zip Code et	, , , , , , , , , , , , , , , , , , ,
For furthe	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report nall:	etification)
ALEXAN	IDER ANTON	IO FANEITES	786 7683138	
	Name o	f Person		ime Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEXITES TRANSPORTATION SERVICE LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.19000148090	y were filed on 06/04/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	100 Ta FT.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
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 Agen	<u>t:</u>

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ALEX NAZARETH FANEITES MOTA	8255 SW 152ND AVE APT 309 MIAMI, FL 33193	
		S 8255 SW 152ND AVE APT 309 MIAMI, FL 33193	□ Remove
			Add
			□ Remove
			Change
			
		•	Remove
			Change
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			☐ Remove
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	the specific and cannot be pock does not meet the app	rior to date of filing or olicable statutory fili	more than 90 days af ng requirements, t	ter tiling.) Pursuant to 6	05.0207 sted as
e record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01	. a.m. on the ear	lier of
August 8	2019				
A	Lexander F	UN 105 uthorized representation	ve of a member		
ALEXANDER A FANE					
	Typed or n	rinted name of signee			

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Filing Fee: \$25.00