L19000156374

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COVER LETTER

	gistration Secti vision of Corpo			
SUBJECT:	Turbo	Auto Trans	port LLC	
		Name of Li	mited Liability Company	
The enclose	ed Articles of An	nendment and fee(s) are su	abmitted for filing.	
Please retur	n all correspond	ence concerning this matte	er to the following:	
		Kenny De	O3 Santos Name of Person	
		Turbo Auto	Transport LCC Finil/Company	
			Address	
		orlando fi	, 3QPゥタ City/State and Zip Code	
		Turbe Auto trans	City/State and Zip Code Sor + Luc Ogment. Com (to be used for future annual report not	ification)
For further	information cond	cerning this matter, please	call:	
Kenny	de los S Name of Po	conto o erson	at (<u>689</u>) <u>266-77</u> Area Code Daytin	25 Telephone Number
Enclosed is	a check for the f	following amount:		
\$25.00	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)
	ailing Address: egistration Sec	ction	<u>Street Address:</u> Registration Se	ection
Di	ivision of Cor	porations	Division of Co.	rporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lurbo Auto Iranspor	of LUC			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on mited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on 06	13/2019	and assi	gned
Florida document number <u>L 19000156374</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
Turbo Enterprise Lic				
The new name must be distinguishable and contain use words "Limited	Liability Company," the design	intion "LLC" or the abb	reviation "L.1	C.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
		——————————————————————————————————————	2024 SI	
Enter new mailing address, if applicable:			<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				
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		ن س دب	₩ 🗻	(-)
B. If amending the registered agent and/or registered of	ffice address on our recor	ds, enter the name	of the new	registered
agent and/or the new registered office address here:		•	デ ム	
Name of New Registered Agent:			<u>. </u>	
New Registered Office Address:				
	Enter Florida s	treet 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 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
			□Add
			□Remove
			Change
-			🗀 Add
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<u>lote:</u> If	e date, if other the tive date is listed, the other inserted in the date inserted in the date of the d	in this block does	s not meet the	: applicable st	of filing or more atutory filing r	than 90 days af equirements, t	tronar) fer filing.) Pursuant his date will not b	to 605.0207 (be listed as t
record : I is filed	specifies a delayed d.	l effective date, b	out not an effe	ective time, at	12:01 a.m. on	the carlier of:	(b) The 90th da	y after the
	08/28/		. 20	24				
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Filing Fee: \$25.00