

L19000189788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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01/25/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COSTUME ORLANDO 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:

HENRY RAMIREZ

\_\_\_\_\_  
Name of Person

COSTUME ORLANDO TRANSPORTATION LLC

\_\_\_\_\_  
Firm/Company

552 S CONWAY RD # H

\_\_\_\_\_  
Address

ORLANDO, FL 32807

\_\_\_\_\_  
City/State and Zip Code

henrydejesusramirez@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY RAMIREZ

407 300-0434

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2019 07 26 PM 12: 54

CUSTOMER ORLANDO TRANSPORTATION 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 07/24/2019 and assigned  
Florida document number L19000189788.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CUSTOMER ORLANDO TRANSPORTATION LLC

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:

NONE

(Principal office address MUST BE A STREET ADDRESS)

NONE

NONE

Enter new mailing address, if applicable:

NONE

(Mailing address MAY BE A POST OFFICE BOX)

NONE

NONE

**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:

NONE

New Registered Office Address:

NONE

*Enter Florida street address*

NONE

City

Florida

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>
		NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
		NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
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		NONE	<input type="checkbox"/> Change
		NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change

NONE

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(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)

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 SEPTEMBER 19 2019

SEPTEMBER 19 \_\_\_\_\_, 2019 \_\_\_\_\_  
 X \_\_\_\_\_  
 Signature of a member or authorized representative of a member

HENRY RAMIREZ

Typed or printed name of signee