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1	o	:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O & LETTY'S TRANSPORTATION LLC

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00
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Electronic Filing Menu

Corporate Filing Menu

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LAZARUS CORPORATÉ

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10/21/2019 03:46PM 3052640109

ARTICLES OF AMENDMENT
TO

ARTICLES OF ORGANIZATION

	OF		on the state
	O r	2013 OCT 21	⇒ #: 40
O & LETTY'S TRANSPORTATION LLC		the contract of the	
O & LETTY'S TRANSPORTATION LLC (Name of the Limited Liability (A Florida Li	Company as it now as	my) : Main't Will Wood of Co	FLUNIUA
(W. Liveton r.		·	
e Articles of Organization for this Limited Liability Cor	mpany were filed or	08/05/2019	and assigned
L19000199261			
orida document number L19000199261	- *		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ed liability compa	av here:	
he new name must be distinguishable and commin the words "Limit	ted Liability Company,	"the designation "LLC" or	the abbreviation TLL.C.
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX)			
(Malling address MAX DE ALVOY VI			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office addi dres <u>a here</u> :	ess on our records,	enter the name of the nev
New Registered Office Address:		Erder Florida street address	
New Verming	•	-	
		, Flo	ri la
	City		•
New Registered Agent's Signature, if changing Register	red Agent:	_	
New Revistered Agent's Strature, it changing Registered ages the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	nt and agree to act I complete perform I agent as providet ered office addres	7 C C C C C C C C C C C C C C C C C C C	H \ 115. 11 1143 AUCUITATIO
	If Changing Re	gistered Agent, Signature	of New Resistered Agent
•	Page 1 of 3		

MGR = Manager

LAZARUS CORPORATE

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ALPHA Accounting

PAGE 04/05

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Au	thorized Member		on thesis
Title	Name .	Address	Type of Action
MGR	OSVALDO JIMENEZ	1553 SW 137TH CT	■ Add
		MIAMI, FL 33184	☐ Remove
			☐ Change
			Add
			Remove
			Change
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LAZARUS CORPORATE

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D. If amendin	g any other i	rformation, enter ch	ange(s) here:	(Attach additional sheet	s, if necessary.)	
						
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		than the date of fil	10/21/201 ing:		(eptional)	seems to 605.0207 (3)
E. Effectiv	e date, it oute tive date is listed	, the date must be specific	and cannot be pri	or to date of filing or more that Heable statutory filing requi	n 90 days and mug.) i mi iroments, this date will	not be listed as the
Note: 1	f the date insert nt's effective d	ed in this block does in the Or the Department (of State's record	ds.		
					43.01 5 T 00	the earlier of:
If the rec	ord specifies	a delayed effective	e date, but i	not an effective time,	at 12:01 a i. on	and carrier
(b) The	90th day aft	er the record is file	eu.			
	10/21/2019	_				
Dated .		17-1				
	<u> </u>	Signature	of a member of a	authorized representative of a	member	
	LETICIA	JMENEZ	Typed or p	minted name of signer		

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