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Special Instructions to F	iling Officer:			
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Office Use Only



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Amend

JAN 27 2020 I ALBRITTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: L&DELITE Transport LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	DANIEL VICENTE SECURA  Name of Person  L& D Elite Transport LLC  Firm/Company  GOZO TOWN D Country Blud  Address  TAUPA, Florida, 33615  City/State and Kip Code  etransport 650 @quail. com
	etransportosoponeil.com
For furt	her information concerning this matter, please call:  ANIEL VICENTE at (813) + +10-+134  Name of Person Area Code Daytime Telephone Number
	d is a check for the following amount:  i.00 Filing Fee  \$\Bigsquare \text{\$\$30.00 Filing Fee & Book Certificate of Status } \text{Certified Copy (additional copy is enclosed)} \text{\$\$\$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$}

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



January 15, 2020

LISAIDA HECHAVARRIA MONTERO 6020 TOWN N COUNTRY BLVD TAMPA, FL 33615

SUBJECT: L & D ELITE TRANSPORT LLC

Ref. Number: L19000200460

We have received your document for L & D ELITE TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The first page is missing and you failed to check which action to take with all the manager/members listed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00001155

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	susport LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 816/2019 and assigned		
Florida document number <u>L19000 200460</u>	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Ala			
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE			
	27		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>		
agent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Florida City		

### 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>	Address	Type of Action
AMBR	Rusen Leyua Vicente	Horida, 23462	<b>ĭ</b> \$Add
Vicente	VICENTE	Must 2301, LANTANA	□Remove
		Florida, 23462	□Change
			□Add
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NIA E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 JANUARY ZY Signature of a member or authorized representative of a member

Filing Fee: \$25.00