

L19000227786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

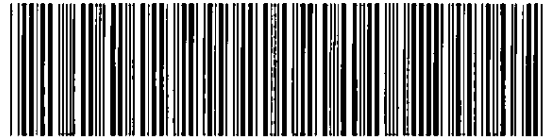
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKE-OFF TRANSPORTATION SERVICES
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:

WESNER AMISIAL
Name of Person

TAKE-OFF TRANSPORTATION SERVICES
Firm/Company

1047 GLENCARIN STREET
Address

JACKSONVILLE FLORIDA 32208
City/State and Zip Code

WESNER AMISIAL 154 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WESNER AMISIAL at (904) 914-0978
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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) |
|---|--|--|--|

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TAKE OFF TRANSPORTATION SERVICES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 FILED
OFFICE OF THE CLERK
JAN 3 2023
JACKSONVILLE

The Articles of Organization for this Limited Liability Company were filed on Nov. 1, 2023 and assigned
Florida document number L19000.227786.

This amendment is submitted to amend the following:

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

TAKE OFF TRANSPORTATION SERVICES 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:

(Principal office address **MUST BE A STREET ADDRESS**)

1047 GLEN CARIN STREET
JACKSONVILLE, FLORIDA 32208

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1047 GLEN CARIN STREET
JACKSONVILLE, FLORIDA 32208

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:

WESNER AMESIAL

New Registered Office Address:

1047 GLEN CARIN STREET

Enter Florida street address

JACKSONVILLE

City

Florida

32208

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>
<u>PRES</u>	<u>WESLEY AMISAL</u>	<u>1047 GLENCAIRN ST.</u>	☒ Add
		<u>JACKSONVILLE, FLORIDA</u>	☐ Remove
		<u>32208</u>	☐ Change
<u>V. PRES</u>	<u>NIKI BATTLE</u>	<u>1950 WEST 5th STREET</u>	☒ Add
		<u>JACKSONVILLE, FLORIDA</u>	☐ Remove
		<u>32209</u>	☐ Change
<u>SEC</u>	<u>SAMUEL SESOUR</u>	<u>4610 ASTRAL STREET</u>	☒ Add
		<u>JACKSONVILLE, FLORIDA</u>	☐ Remove
		<u>32208</u>	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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

September 1, 2023



Signature of a member or authorized representative of a member

Walter Amisual

Typed or printed name of signee