

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	DOUTES	UNITED LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
		Name of Person	· · ·
		utes United 11	<u>C</u>
		riturCompany	
	1255 collin	Address	<u>.                                    </u>
		Address	
	Mionrii	, FC 33/39 City/State and Zip Code	
	,	City/State and Zip Code	•
	E-mail address: (	ond of a youhoo. Co	ication)
For further information of	concerning this matter, please co		·
Lu cas Name o	Bond of Person	at ( <u>305</u> ) <u>300</u> Area Code Daytime	0 - 1083 : Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION **OF**

<u>Routes</u> l	United LLC
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on and assigned
Florida document number <u>L 190</u> 002573	5 4/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
PROPER AUT	O TRANSPORT 11C
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1255 colling are #301 ss) Wiami, FL 33139
(Principal office address MUST BE A STREET ADDRE	ss) Wiami, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1255 collins are #30/ miumi, FL 33/39
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the nev
Name of New Registered Agent:	Lucas BOND  Lucas BOND  1255 collins ove DEDI  Enter Florida street address  Wiami Florida 33139
New Registered Office Address:	Enter Florida street address
	Miomi Florida 33/39
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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

# or,removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing an effective date is listed, the date must be specific an effective date inserted in this block does not document's effective date on the Department of	nd cannot be prior to date on meet the applicable sta	of filing or more than 90 days after	riling.) Pursua		
e record specifies a delayed effective The 90th day after the record is filed		ffective time, at 12:01	a.m. on the	e earli	er of
Dated November 20	2019	prosentative of a member			
Signature of	a member or authorized c	presentative of a member			
	1 h	, /			

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Filing Fee: \$25.00