# L2000021550

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Certified Copies	Certificates of	Status		
Special Instructions to	5 Filing Officer:			
	J. MORNE			
JAN 18 2024				

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Office Use Only

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

ROKO TRANSPORT LLC

SUBJECT: \_\_\_\_\_

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:

TAMARA I MONTES DE OCA

Name of Person

ROKO TRANSPORT LLC

Firm/Company

3005 STALLINGS RD

Address

VALDOSTA, GEORGIA 31605

City/State and Zip Code

rokotransport20@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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

ROKO TRANSPORT LLC			12N.18 ANUL: 53
(Name of the Limit	ted Lizbility Compa (A Florida Limited ]	inv se it now appears on on	IC RECORDED
he Articles of Organization for this Limited L	,		
he Articles of Organization for this Limited L	iability Company	were filed on	and assigned
lorida document number 120000021550	<u> </u>		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the finited lieb	ility company here:	
ROKO20 TRANSPORT LLC			
he new name must be distinguishable and contain the u	words "Limited Linbil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applie	cable:	524 NW 1st Street Apt 301	
Principal office address MOST BE A STREE		Miami, FL 33128	- 
		•	
later new mailing address, if applicable:		3005 Stallings Rd	
Mailing address MAY BE A POST OFFICE	ROX) Valdosta Ga 31605		
. If amending the registered agent and/or :	registered office a	address on our record	s, enter the name of the new regi
	we have		
gent and/or the new registered office addre	TO HELC.		
gent and/or the new registered office addre		ONTRO DE OCA	
gent and/or the new registered office addre		ONTES DE OCA	
		neet Apt-301	
Name of New Registered Agent:	ROLANDO M		eët address
Name of New Registered Agent:	ROLANDO M	reet Apt-301 Enter Florida stra u	Florida 33128
Name of New Registered Agent:	ROLANDO M 524 NW 1st St	rect Apt-301 Enter Florida str	

company has been notified in writing of this change.

;

II Changing Registered Agent, Separature of New Repistered Agent

.

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

## MGR = Manager

AMBR =	= Auth	orized	Member
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Title	Name	Address	Type of Action
MGR	LEVIN Y MONTES DE OCA	3005 Stallings Rd	🗆 Add
		Valdosta, Ga 31605	🗆 Remove
			Change
AMBR	TAMARA I MONTES DE OCA	3005 Stallings Rd	🖸 Add
		Valdosta, Ga 31605	🗋 Remove
			🖹 Change
			🗆 Add
			🗆 Remove
·			
			Change
·			🖸 Add
		<u> </u>	Change
			🖸 Add
		<u>بو</u> معندم	
			Change

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

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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.

JANUARY 17	2024	
	Segnature to member or antiorized representative of a member	
TAMARA I MON	TES DE DCA	

Typed	ar	numed	name	of	signee
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Filing Fee: \$25.00