L20000100288



(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2000.000 2000)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Siling Officers
Special Instructions to Filing Officer:

Office Use Only



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10/07/24--01014--015 **25.00



COVER LETTER

TO:

TO: Registration Se Division of Cor			
MR. UBER	TRANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	ACP BUSINESS USA CO	PRP	
	-	Firm/Company	
	777 BRICKELL AVE STE	E 500 21	
		Address	
	MIAMI FL 33131		
		City/State and Zip Code	
	JAY@ACPBUSINESSUSA		
Car Carley in Comments		to be used for future annual report notif	ication)
	oncerning this matter, please c		
JAY RAMIREZ		561 707-2863 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address: Registration Sec	etion
Registration Section Division of Corporations		Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee, 1	LL 37314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited I		04/09/2020 and assigned
Florida document number L20000100288	,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
HORIZON FLORIDA BALIKBAYAN CARGO	LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		i.
(Mailing address MAY BE A POST OFFICE	D C	
		,
		
B. If amending the registered agent and/or agent and/or the new registered office address.		r records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	ACP BUSINESS USA CORP	
New Registered Office Address:	777 BRICKELL AVE STE 50	0 21
	Enter	Florida street address
	MIAMI	, Florida 33131
	City	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.

f 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	ALEXANDER F RODRIGUEZ	6155 NW 186TH ST APT 304	
		HIALEAH FL 33015	□Remove
		· · · · · · · · · · · · · · · · · · ·	■Change
			□Add
			□Remove
			□Change
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C ffoat	ive date if other than the date of filings
Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
_	OCTOBER 03 2024
Dated	
	Signature of a member or authorized representative of a member
	signature of a member of authorized representative of a member

Filing Fee: \$25.00