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05/18/21--01005--001 **25.00

I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			·
	L FLEET LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	JACQUES G. AMILCAR		
		Name of Person	
	UNIVERSAL FLEET LLC	~	
		Firm/Company	1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2
	13627 SW 114th AVE		
		Address	
	MIAMI FLORIDA 3318	6	
		City/State and Zip Code	
	amilcar.jacques45@yahoo.c	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
JACQUES G AMILCAR		305 631-2379	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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		Street Address:	ation
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL FLEET LLC		
(Name of the Limited L (A)	iability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
		E. T.
The Articles of Organization for this Limited Liabi	lity Company were filed on 04/10/2020	and assigned 🔏
Florida document number L20000100547	_ ;	9
This amendment is submitted to amend the following	ng:	and assumed
A. If amending name, enter the new name of the	e limited liability company here:	
12 TRANSPORT LLC		, ,
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	بم	
• •		
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, ente	r the name of the new register
agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ess
		lorida
-	City .	Zin 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 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	JAMES L.WHITAKER	9949 SW 41ST TER	□Add
		JASPER, FL 32052	■Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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ective date, if other than effective date is listed, the dat e: If the date inserted in the ument's effective date on t	iis block does not me	et the applicat	o date of filing or mo ole statutory filing	(option than 90 days after requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed a
cord specifies a delayed eff s filed.	ective date, but not a	n effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
05/18 ed	<u> </u>	2021	<u></u> •		
· · · · · · · · · · · · · · · · · · ·	Signature of a me	2	0 -		
	(A) (/		\sim		

Filing Fee: \$25.00