# L2000185939

(R	equestor's Name)		
(Address)			
(Address)			
(C	ity/State/Zip/Phone #)		
PICK-UP	TIAW [	MAIL	
(Business Entity Name)			
(D	ocument Number)	<u> </u>	
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only



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### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/10/2020				**********
	· ==			**WALK IN**
ENTITY NAME RUBIRI	A TRANSPORT SERV	/ICE LLC		
DOCUMENT NUMBER_				
	**PLEASE FILE THE	ATTACHED AND RET	URN**	
XXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
	PLEASE OBTAIN THE FOO Certified Copy of Arts ( Certificate of Good Stand	& Amendments	/V	
	**APOSTILLE' / NO	OTARIAL CERTIFICA	TION**	
COUNTRY OF DESTINAT	70N	<u> </u>		<del></del>
NUMBER OF CERTIFICA	TES REQUESTED	<del></del>		
TOTAL OWED \$25.00		ACCOUNT	Г #: I20160000072	
		5	. 8 F/6	
Please call Tina at th	ke above number for a	ny issues or concern	s. Thank you so	much!

#### **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	TRANSPORT SERVICE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Megan Fuentes			
		Name of Person		
	ZenBusiness PBC			
		Firm/Company		
	5900 Balcones Dr. Suite 50	000		
		Address	<del></del>	
	Austin, Texas, 78731			
		City/State and Zip Code		
	fulfillment@zenbusiness.co			
For further information of	e-mail address: to	to be used for future annual report no	infication)	
	oncerning this matter, please c			
Megan Fuentes		844 493-6249 at()		
Name o	f Person	Area Code Dayti	ine Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 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 Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		_	Division of Corporations	
P.O. Box 6327		The Centre of		
Tallahassee, I	TE 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 10:50 OF

RUBIRIA TRANSPORT SERVICE I		
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	pility Company were filed on 07/01/2020	and assigned
Florida document number 1.20000185939		
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
lisa's hha transportation service LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OV)	
Manny andress with the first out of the to		
B. If amending the registered agent and/or reg	nistared office address an our records, enter th	a name of the new register
agent and/or the new registered office address		e name of the new registers
Name of New Registered Agent:		
Name Descriptored Offices Addresses		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	Ciri	1.47 COHE

#### 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change
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		• • • • • • • • • • • • • • • • • • • •	□Remove
			□ Change
			□Add
		·-	□Remove
			□ Change
			□Remove
			∏Change

D. If amending any other information	on, enter change(s) here:	(Attach additional sheets,	if necessary.)
-			
		·	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			<del></del>
	<u> </u>		
E. Effective date, if other than the di (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicab	date of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0207 (3 its, this date will not be listed as the
f the record specifies a delayed effective of ecord is filed.	late, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated September 9	2020	.•	
/s/ LISA E. EPPS			
Si	gnature of a member or authoriz	red representative of a member	
LISA E. EPPS			
<del></del>	Typed or printed	name of signee	

Filing Fee: \$25.00