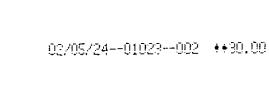
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## **COVER LETTER**

Division of Cor			
	RANSPORT 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:	
	VICTOR PAGAN		
		Name of Person	
	QUALITY FINANCIAL A	AND TAX SERVICES LLC	
		Firm Company	
	7550 FUTURES DR STE	206	
	,	Address	
	ORLANDO, FLORIDA 3		
		City/State and Zip Code	
	qualityfinancialtax@gmail.c	com to be used for future annual report notif	tication)
For further information c	oncerning this matter, please ca		
VICTOR PAĞAN		407 218-1566	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for th	he following amount:		
S25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 637		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26248-1-5 1717:14

COLO'S TRANSPORT LLC	7:14		
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	ny as it now appears on our records.) Lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000199798}{1.20000199798}$	were filed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C,"		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2598 CONWAY RD APT 1312		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2598 CONWAY RD APT 1312		
indicated and the second	ORLANDO, FL 32812		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address		
	, Florida City Zip Code		
	Ciù Zih Coae		

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEXANDRA ALVAREZ	4409 HOFFNER AVE #553	□Add
		ORLANDO, FL 32812	■Remove
			☐Change
MGR	LUIS II PALACIOS	2598 CONWAY RD APT 1312	= Add
		ORLANDO, FL 32812	□Remove
			□Change
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ffective date, if other than the d an effective date is listed, the date must b	ite of filing:	s prior to data of titi	na or more than 40 day	( <b>optional)</b> scatter filing ) Pursuant (	ta 605 0207
ote: If the date inserted in this bloc	c does not meet the a	ipplicable statuto	ry filing requiremen	is, this date will not b	e listed as
ocument's effective date on the Dep	irtment of State's rec	cords.			
record specifies a delayed effective of is filed.	late, but not an effec	tive time, at 12:0	La.m. on the earlier	of: (h) The 90th day	; after the
JANUARY 19	2024				
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	his & April				
	rus of 12 per	<b>'</b>	ntative of a member		

Filing Fee: \$25.00

Typed or printed name of signee