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## **COVER LETTER**

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TO: Registration Section

**Division of Corporations** 

SUBJECT:	Fidelite X	Transportation LLC	
	Name of Lin	nited Liability Company	
The analysed Articles of	Amondment and foots are a	in to ge	
	Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
		Jacson Auguste	
		Name of Person	
	F	idelite X Transportation LLC	
		Firm/Company	<del></del>
		1732 Ave C NE	
		Address	
		Winter Haven Florida 33881	
		City/State and Zip Code	
		jacsonauguste@yahoo.com	
	E-mail address: (	to be used for future annual report no	otification)
For further information c	concerning this matter, please ca	ıll:	
	Jacson Auguste	321 697-2929	
Name o	f Person		me Telephone Number
finclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S	<del></del>	Street Address: Registration Se	action
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fidelite X Transportati			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company v	vere filed on	01/24/2023	and assigned
Florida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
Fidelite Global Service			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1732 Ave C NE	
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our re	ecords, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:	Jacson Aug	guste	
New Registered Office Address:	1732 Ave		
	Enter Flori	da street address	
	Winter Haver	1, Florida _	33881
	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 bereby confirm that the limited liability company has been notified in writing of this change.

If 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
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