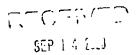
L20000243296

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

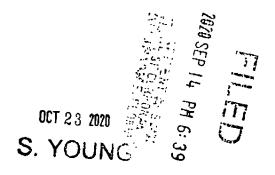
Office Use Only



100352061911



99/15/20--01009--009 **80.00



COVER LETTER

Division of Corporations	
SUBJECT: FUST Trip Transportation: Bervices, W	_C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Galandre Nicolas Name of Person	
Fast trip Transportation Services, La	
129 Monterrey Bay Dr	
Boynton Beach FL 33426 City/State and Zip Code	
Vn d Castor (a amail: Com E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Name of Person at Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fast Trip Tr	A NS DO	y as it now appears on tability Company)	DENTICE	25, LLC
The Articles of Organization for this Limited Lia Florida document number	bility Company	21	24/20	and assigned
A. If amending name, enter the new name of The new name must be distinguishable and contain the wo	the limited liabi	tation	Ser VI	CES LLC
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	29 Hon Boy tor	terrey 1 Beach	Bay DR FL 33420
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	' <u>OX)</u>	Sam	e as a	above
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, enter the name	of the new registered
Name of New Registered Agent: New Registered Office Address:	Gal 120 Barra	Andre Amontasi Enter Florida si	errey T	Das Bay DR
	10/U	104 1 Bec	ACT Florida	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.

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>		Type of Action
AR	Ronad Castor	5028 San Palermo DI	Z□Add
		Bradenton, Fl 3420	3 to Remove
11 4 6 0	Ω		_ □Change
MGK		5028 San Palermo Dr	
		Bradenton, FL 34208	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_□Remove
			_ 🗆 Change

11 ame —	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ã	I am writing to have AR
7	Konald Castor Yemoved and
١	nave MGR Ronald Costor added.
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
	12/21/200
iffecti	ve date, if other than the date of filing: 10131 202 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
10cum	ent's effective date on the Department of State's records.
recon	I 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
d is fil	ed.
Dated .	Sept 10th 2020
,	Galaw de Di Colas Signature of a member or authorized representative of a member
	Carlon luca Mina Los
	DIGITATION NICOLUS