L2C CCC 253571

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	•
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COVER LETTER

Tallahassee, FL 32314

	legistration Se Division of Cor						
SUBJECT		ROQUE AUTO TRANSPORT LLC					
SUBJEC		Name of Lim	ited Liability Company		 		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please rett	ırn all correspo	indence concerning this matter	to the following:				
		DIEGO ROQUE RUANO	,				
			Name of Person				
		ROQUE AUTO TRANSP	ORT LLC				
			Firm/Company	<u> </u>			
		3510 24TH PARKWAY					
			Address				
		SARASOTA FL 34235					
		 	City/State and Zip Code				
		RROQUE995@GMAIL.CO					
E 6 .1			to be used for future annual re	eport notification)			
nor further	r information c	oncerning this matter, please c	all:				
DIEGO ROQUE RUANO		941 225 at ()	-0754				
	Name o	f Person	Area Code	Daytime Telephon	e Number		
Enclosed i	s a check for th	ne following amount:					
■ \$ 25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	osed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Tailing Addres Registration S		Street Ado Registrat				
Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOUE AUTO TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/15/2020}{1}$ ____ and assigned Florida document number L20000288571 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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

Title	<u>Name</u>	Address	Type of Action
AMBR	DIEGO ROQUE RUANO	3510 24TH PARKWAY SARASOTA FL 34235	= Add
			□Remove
			□ Change
			□Add
			□ Demove
			<u></u>
			□Change
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an effective ote: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departn	ecific and cannot be prio ses not meet the appli	cable statutory fili	(option one than 90 days after the requirements, this	iling.) Pursuant to 605.0	0207 d as
record spec is filed.	cifies a delayed effective date	. but not an effective t	ime, at 12:01 a.m	on the earlier of: (b)	The 90th day after	the
ated	OCTUBRE 30	2020				
		(Dan)	<u> </u>			
		700				
_	Signat	ture of a member or auth	iorized representativ	e of a member		

Filing Fee: \$25.00