

L20 000348987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

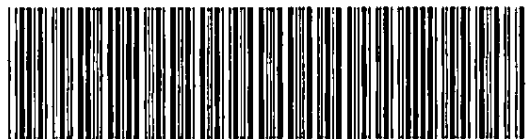
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SEFDREAM

SAFDREAM TRANSPORT LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUERLINE ALEXIS

Name of Person

SAFDREAM TRANSPORT LLC

Firm/Company

1436 E MOWRY DR 201

Address

HOMESTEAD FLORIDA 33033

City/State and Zip Code

VARIETYOFFICESERVICE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

GUERLINE ALEXIS

305 747-8871

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

SEFOREAM

SAFDREAM 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 11/20/2020 and assigned Florida document number 1.20000348987.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAFDREAM TRANSPORT LLC

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)

1436 E MOWRY DR 201

HOMESTEAD, FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1436 E MOWRY DR 201

HOMESTEAD, FL 33030

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:

GUERLINE ALEXIS

New Registered Office Address:

1436 E MOWRY DR 201

Enter Florida street address

Homestead

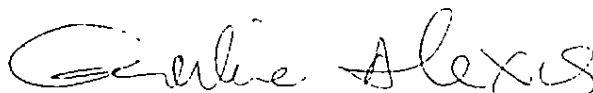
City

Florida 33030

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---------------------|---|
| MGR | GUERLINE ALEXIS | 1436 E MOWRY DR 201 | <input checked="" type="checkbox"/> Add |
| | | HOMESTEAD, FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | YVES NIXON GERMAIN | 1436 E MOWRY DR 201 | <input checked="" type="checkbox"/> Add |
| | | HOMESTEAD, FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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TREASURY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THERE WAS A MISTAKE ON THE PREVIOUS NAME AND WANT TO FIX IT.

THANK YOU.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 8th, 2020

Guerbie Alexs

Signature of a member or authorized representative of a member

Manager - Guerbie Alexs

Typed or printed name of signee