

(Requestor's Name)
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COVER LETTER

Division of Corpo	orations			
SUBJECT: <u>HORIJ</u>	A TRANSPERT Name of Limi	LLC ted Liability Company		
The enclosed Articles of Articles	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	JEAN. LOUIS	MARIE B Name of Person	· .	
	_ MORIJA 7	Firm/Company	110	
	1525 NE	941 6.11 10 11 4 Address	35/	
	CROSS	CZ Ty F/. City/State and Zip Code	32628	
	MB FIDELE (L. E-mail address: (t	HOTMAIL, CI	D F(eport notification)	
For further information con	ncerning this matter, please ca	dl:		
JEAN- LOUIS Name of P	MARIE B Person	at (<u>47, 7</u>) <u>5.</u> Area Code	30-758 Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

TUKIJA IRANS YORI	Company as it now annears on our records	11. 5
Name of the Limited Liability (A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L. 2000 360 854</u>	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ted liability company here:	
MORITAH TRANS PIKT The new name must be distinguishable and contain the words "Lim	- LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- -	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	office address on our records, enter the name	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Cin	Zin Coda

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>	Address	Type of Action
MER	JEAN-LOUIS MARIE B	2525 NE HIGHWHY 351	□Add
		CRUSS CITY FL 32628	□Remove
			MChange
<u>UGR</u>	JEAN LOUIS AbiFAIL S.	2525 NE HIGHWAY 351	□Adđ
		CROSS CITY FL 3.2628	□Remove
			(\(\frac{1}{2}\)Change
			□Add
			Remove
			□Change
			□Add
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□ Change

	
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<u>ote:</u> If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ated	12/
	Signature of a member or authorized representative of a member
	(
	-JEAN- LOUIS HARGE B. Typed or printed name of signee