L20000372956

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(ке	questor's Name)	
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COVER LETTER

то:		tration Secti on of Corpo				?
SUBJE	F CT.	eliciano's Tra	ansport Services LLC		94 A	•
SUBJE	C1: _		Name of Limit	ted Liability Company		
The enc	losed A	articles of An	nendment and fee(s) are subm	nitted for filing.		
Please r	eturn al	l correspond	ence concerning this matter t	o the following:		
			Brooke Typer			
				Name of Person		
			Entrepreneur Success, Inc.			
				Firm/Company		
			4204 E Lake Chapin Road			
				Address		
			Berrien Springs, MI 49103			
				City/State and Zip Code	 	
			brooke@entsuccess.com			
				be used for future annua	l report notificati	on)
For furt	her info	rmation cond	erning this matter, please ca	II:		
Brooke	Турег				57-7974	
		Name of Pe	erson	at () Area Code	Daytime Tel	ephone Number
Enclose	d is a cl	neck for the f	Ollowing amount:			
□ \$ 25	i.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address:			Address:	

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

Feliciano's Transport Services LL	С		
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	**
The Articles of Organization for this Limited I Florida document number L20000372956	Liability Company were fi	iled on 12/01/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE	ET ADDRESS)		
			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address		e name of the new registered
New Registered Office Address:	334 Tait Drive	Enter Florida street address	
	Davenport	Flori	do 33837-3694
	City	<u> </u>	da 33837-3694 Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to ac per and complete perfor istered agent as provide registered office addres	mance of my duties, and d for in Chapter 605. F.	I am familiar with and S
	If Changing Re	gistored Agent, Signature of N	ew 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
MGR	Richard A. Feliciano Torres	554 Taft Drive	□ Add
		Davenport, FL 33837-3694	_
			■Change
MGR	Ricardo Feliciano	104 Taft Drive	□Add
		Davenport, FL 33837	■Remove
			☐ Change
MGR	Angeles Cruz	554 Taft Drive	□Add
	Dave	Davenport, FL 33837	≅Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
	 -		□Remove
		·	□Add
			Remove
			Change

	 	
		
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ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block occument's effective date on the Department.	does not meet the applicable statutory in	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as
record specifies a delayed effective de is filed.	te, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
January 35th	2021	
January 25th	 · · · · · · · · · · · · ·	
ated	Tank	
ated	nature of a member of amorized representati	ve of a member

Filing Fee: \$25.00