

L21 0000 50132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

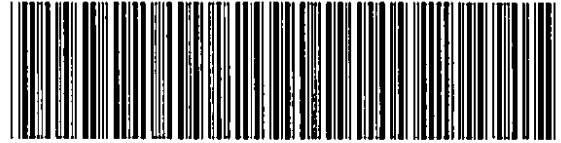
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/21--01002--014 **25.00

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MAR 02 2021



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2021 MAR -2 P 4:04

03/03/2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AI TRANSPORTATION ALMANDO, LLC

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:

ALMANDO FRANCO ISIDORE

Name of Person

N/A

Firm/Company

131 NE 172 STREET

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

aisidore@yahoo.com

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

For further information concerning this matter, please call:

ALMANDO FRANCO ISIDORE

786

348-1847

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AI TRANSPORTATION ALMANDO, 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 _____ and assigned
Florida document number L21000050132.

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: _____

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

N/A

(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:

ALMANDO FRANCO ISIDORE

New Registered Office Address:

131 NE 172 STREET

Enter Florida street address

NORTH MIAMI

City

Florida

33162

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.

x

Almando
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	ISIDORE, ALMANDO	131 NE. 172 ST, N.MIAMI, FL 33162	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ISIDORE, ALMANDO FRANCO	131 NE. 172 ST, N.MIAMI, FL 33162	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2021 MAR -2 P 4:04
CLERK OF DISTRICT COURT
MIAMI, FL

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

ONLY CHANGING ORIGINAL MANAGERS NAME FROM "ALMANDO ISIDORE" TO FULL NAME "

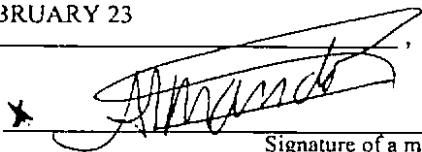
" ALMANDO FRANCO ISIDORE."

NO OTHER Change is being Made

E. Effective date, if other than the date of filing: 2/23/21. (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 FEBRUARY 23, 2021



Signature of a member or authorized representative of a member

ALMANDO FRANCO ISIDORE

Typed or printed name of signee

Filing Fee: \$25.00

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2021 MAR - 2 P 4: 07 PM
TALLAHASSEE
FLORIDA