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JAN SAN

COVER LETTER

TO:

Registration Section

Division of Co	orperations		
subject: <u>Pea</u>	OUZEN Transport Name of Lin	LLC nited Liability Company	
The enclosed Articles of	f Amendment and fcc(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ranny Pr	Name of Person	
		Firm/Company	
	_1516 NW /	19st Apt 203	20211 %F.00
		Address	
	Miami FL	33/79	9
	Ronny Philip	33/79 City/State and Zip Code De @ Yahoo . Com to be used for future annual report not	ification)
For further information of	concerning this matter, please o		
Ronny Ph	ilipoe of retson	at (<u>954</u>) <u>707 </u>	672 ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassec, I	•	The Centre of T	
runanasce, l	U 2421T	Z410 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decouzen Transport LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number	e filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Decoyzen Transfort LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Liability Contains the words "Limited Liability Li		oroviation "LLC"
Enter new principal offices address, if applicable:	ompany, are designation 1750, or the for	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Principal office address MUST BE A STREET ADDRESS)	(Fig.)	121
The state of the s	i -111	<u> </u>
_		0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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>	Type of Action
<u> </u>	Ronny Philippe		🗆 Add
			Remove
			Change
MGR	Ronny Philippe	15/6 NW 1195+ Apt 203 Miami Fe.	Add
			□Remove
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		-9	□Add
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fective date, if other tha	an the date of filin	g:		(o	ptional)		
fective date, if other than on effective date is listed, the dote: If the date inserted in	ate must be specific and	d cannot be prior to	date of filing or mo	re than 90 days	after filing. this date) Pursuar	nt to 605.020 he listed :
cument's effective date on			ic statutory trinig	requirements	ims date		
ecord specifies a delayed e	ffective date, but not	t an effective time	e, at 12:01 a.m. o	n the earlier o	f: (b) Th	e 90th d	lay after th
is filed.							
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	Harry	Mark member of authoriz					