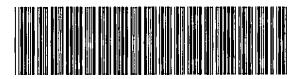
k21000073701

(R	Requestor's Name)	
<u> </u>	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
Į.		

Office Use Only



900365368879

05/24/21--01042--02i ★*30.00

6/28/21

00 th No. 15 to 10 to 10

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The analogad Articles of	E Amandment and fusic) are sub-	mitted for filing	
	Thelor Bellevue		
		Name of Person	
	Address Orlando, Florida 32811 City/State and Zip Code thelymix4@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: To the following amount: The conference of Status Orlando Florida 32811 City/State and Zip Code thelymix4@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: To the following amount: The conference of Status Certificate of Status Certificate Copy (additional copy is enclosed) City/State and Zip Code City/Sta		
		Firm/Company	
	5560 Metrowest Blvd Apt	Address Itando, Florida 32811 City/State and Zip Code Semantial Agrae Code Termil address: (to be used for future annual report notification) Thing this matter, please call: at (
	Thelor Bellevue Name of Person Bellevue's Transportation LLC Firm/Company 5560 Metrowest Blvd Apt 306 Address Orlando, Florida 32811 City/State and Zip Code thelymix4@gmail.com E-mail address: (to be used for future annual report notification) scerning this matter, please call: 1772 212-6681 Area Code Daytime Telephone Number following amount: \$\Begin{array} \$\$ \$30.00 Filing Fee & \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$		
	Orlando, Florida 32811		
		City/State and Zip Code	
	· ·		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Thelor Bellevue			
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ection
Division of O	Corporations	Division of Co	rporations
P.O. Box 633	<i>41</i>	The Centre of	i alianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bellevue's Transportation LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited I Florida document number L21000073701		vere filed on 02/12/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(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	registered office ac		nter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	5560 Metrowest	Blvd. Apt 306	
THE PROGRAM OF THE PROGRAM	Enter Florida street address		
	Orlando		, Florida <u>32811</u>
		City	Zip Code
New Registered Agent's Signature, if changing			#
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete p gistered agent as pi	performance of my dutie rovided for in Chapter 6	s, and I am familiår with and 605, F.S. Or. if this document is

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
MGR	Thelor Bellevue	5560 Metrowest Blvd Apt 306	≣ Add
		Orlando, FL 32811	□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□ Change
			⊡Add
			□Remove
			□Change
			Add \
			Remove'
			□ Remove's □ □ Change
			□Remove
			Chann

If amending any other informat	non, enter change(s) he	re. (Anach adamond	u sneets, y necessur _.	v. <i>y</i>
	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				
 .				
				
				
				
<u></u>		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
Effective date, if other than the	date of filing:		(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be pri ock does not meet the appl	licable statutory filing r	than 90 days after filing equirements, this date	.) Pursuant to 605,0207 (3 will not be listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Th	
May 10th	2021			
Dated May 19th	. 2021	Toelo/ B		2 0
	Signature of a member or au	thorized representative of	a member	1: 06
Thelor Bellevue				. O.

Typed or printed name of signee