L21000078358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900396642569

FILED
2022 OCT 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

A Latin@ Driving LLC

SUBJECT: _____
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:

Marjorie M Brown
_____
Name of Person

A Latin@ Driving LLC
_____
Firm/Company

PO Box 343240
_____
Address

Homestead, Fl 33034
_____
City/State and Zip Code

alatinadriving@gmail.com
_____
E-mail address: (to be used for future annual report notification)

FILED
2022 OCT 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Marjorie M. Brown 305 9104679
_____ 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A Latina Driving 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 02/16/2021 and assigned Florida document number L21000078358.

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:
(Principal office address MUST BE A STREET ADDRESS)

755 Pervy Campbell Rd
Ponce de Leon, Fl 32455

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 343240
Homestead, Fl 33034

2022 OCT 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

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: _____

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

Title	Name	Address	Type of Action
AP	Daniel E Brown	38 Dogwood Trl	
_____	_____	_____	☐ Add
		Valdosta, GA 31602	
		_____	■ Remove
		_____	☐ Change
MGR	Marjorie Brown	755 Pervy Campbell RD	
_____	_____	_____	☐ Add
		Ponce de Leon, FL 32455	
		_____	☐ Remove
		_____	■ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

FILED
2022 OCT 20 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FL

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

FILED
2022 OCT 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

October 21st, 2022

E. Effective date, if other than the date of filing: _____ (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 October 24th, 2022.

Marjorie Brown
Signature of a member or authorized representative of a member

MARJORIE M. BROWN
Typed or printed name of signee

Department of Health ● Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon

2021-007557
APPLICATION NUMBER

(STATE FILE NUMBER)

Official Record

Date: SEP-17-2021

Rec#: 344573

STATE OF FLORIDA COUNTY OF MIAMI-DADE

SEP 17 2021

Deputy Clerk

CAROLYN MCKENZIE
DEPUTY CLERK

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last)	1a. MAIDEN SURNAME (If Applicable)	2. DATE OF BIRTH (Month, Day, Year)
DANIEL EDWARD BROWN		APR-28-1976

3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
HOMESTEAD	MIAMI-DADE	FLORIDA	FLORIDA

5. NAME OF SPOUSE (First, Middle, Last)	5a. MAIDEN SURNAME (If Applicable)	6. DATE OF BIRTH (Month, Day, Year)
MARJORIE MONICA SANCHEZ CANAS		DEC-07-1978

7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
HOMESTEAD	MIAMI-DADE	FLORIDA	VENEZUELA

WE THE APPLICANTS TO WHOM THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF; THAT NO LEGAL OBJECTION TO THE MARRIAGE NOW THE SUBJECT OF ALLEGATION TO WITHHOLD THE ISSUANCE OF A MARRIAGE LICENSE IS KNOWN TO US; AND WE HEREBY MAKE APPLICATION FOR A LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign in the presence of clerk or deputy clerk only)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
	SEP-17-2021
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Do not stamp)
DEPUTY CLERK	
13. SIGNATURE OF SPOUSE (Sign in the presence of clerk or deputy clerk only)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
	SEP 17-2021
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Do not stamp)
DEPUTY CLERK	

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE TO UNITE IN MARRIAGE THE PERSONS NAMED HEREIN. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE AND ONLY IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
MIAMI-DADE	SEP-17-2021	SEP-17-2021	NOV-15-2021

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY
	CLERK	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN OR LOCATION OF MARRIAGE
SEP-17-2021	MIAMI

23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Do not stamp)	23c. ADDRESS (of person performing ceremony)
	601 NW 1ST COURT ROOM 1910, MIAMI, FL
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Do not stamp) CAROLYN MCKENZIE DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY
	25. SIGNATURE OF WITNESS TO CEREMONY

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS "YES" TO ITEM 28, PLEASE COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	29c. DATE LAST MARRIAGE ENDED
	591-04-4272		☐ NO ☑ YES	2	DIVORCE	JUL-23-2021
BRIDE	35. SOCIAL SECURITY NUMBER	37. RACE	38. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS "YES" TO ITEM 38, PLEASE COMPLETE ITEMS 39a, 39b, and 39c		
				39a. NO. OF THIS MARRIAGE	39b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	39c. DATE LAST MARRIAGE ENDED
	647-37-5822		☑ NO ☐ YES	1		

DH Form 240, 01/2015, Florida Administrative Code Rule 64V-1.002 (Effective Previous Editions)