

W21000085534

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

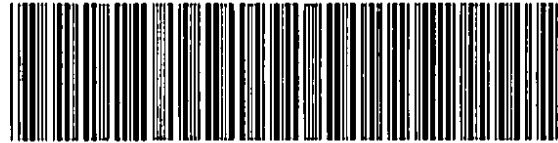
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUARDIANS TRANSPORT 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:

RAFAEL MACHADO DOS SANTOS

Name of Person

GUARDIANS TRANSPORT LLC

Firm/Company

4215 SOUTHWEST 31ST DRIVE

Address

GAINSVILLE, FL, 32608

City/State and Zip Code

MACHADO3303@GMAIL.COM

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUN 15 10 31 AM

For further information concerning this matter, please call:

RAFAEL MACHADO DOS SANTOS

352 215-8883  
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**

GUARDIANS TRANSPORTS 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 02/22/2021 and assigned  
Florida document number L21000085534.

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)

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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	SAAD, FREED MULLER P, JR	2780 NW 137TH TER	<input checked="" type="checkbox"/> Add
		GAINSVILLE, FL. 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOS SANTOS, RAFAEL M	4215 SOUTHWEST 31ST DRIVE # 105	<input type="checkbox"/> Add
		GAINSVILLE, FL. 32608	<input type="checkbox"/> Remove
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(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)

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 07/09/2022.

*Rafael Machado dos Santos*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

RAFAEL MACUADO dos SANTOS

Typed or printed name of signee

**Filing Fee: \$25.00**

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000085534

**Entity Name:** GUARDIANS TRANSPORTS LLC

**Current Principal Place of Business:**

4215 SOUTHWEST 31ST DRIVE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

4215 SOUTHWEST 31ST DRIVE  
GAINESVILLE, FL 32608 US

**FEI Number:** 85-2598623

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARX SERVICES CORP  
4699 N FEDERAL HWY  
103E  
POMPANO BEACH, FL 33064 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DENIZE MARX

06/20/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MACHADO DOS SANTOS, RAFAEL  
Address 4215 SOUTHWEST 31ST DRIVE  
City-State-Zip: GAINESVILLE FL 32608

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAFAEL MACHADO DOS SANTOS

MGR

06/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date