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COVER LETTER

Division of Cor		• • •		
MCO Tra	ansportation of Orlando	HC	and the first of t	
SUBJECT: MOO TIE	Name of Limi	ted Liability Company	-	
		, , ,		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ndence concerning this matter	to the following:		
	Megan Belcourt	Name of Person		
		Name of Croon		
	Souza's Tax & Acco	unting Professionals Inc		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	6239 Edgewater Dri	ve, Suite D-01		
		Address		
	Orlando, FL 32810			~ .)
	Onando, i E 32010	City/State and Zip Code		1922 5 5 5
	incorporating@souza	atax.com		
	E-mail address: (to be used for future annual report n	otification)	
For further information c	oncerning this matter, please ca	all:		2022 JUN 16 I.M
Megan Belcourt		at (_321)_895-409	99	Ċ.
<u> </u>	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres		Street Address:		
Registration S		Registration S Division of C		
Division of C P.O. Box 632		The Centre of	-	
Tallahacee			roe Street. Suite 81	10

Tallahassee, FL 32303

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

MCO Transportation of Orlando 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 <u>04/13/2</u>	2021	and assigned
Florida document number <u>L21000172228</u>			·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		_ .	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti		
 -	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	•		
I hereby accept the appointment as registered agent and agr		city. I further agre	ze to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	luties, and Lam fa ter 605, F.S. Or, ij	miliar with and f this document is
If Cha	nging Registered Agent, §	ignature of New Regi	stered 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

A	М	BR	=	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Luis Cuevas	14355 Bending Branch Ct	□Add
		Orlando, FL 32824	<u>⊠</u> Remove
			Change
AMBR	Oliver Khedawy	870 Livestock Loop	
		Kissimmee FL 34771	Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Remove
			□Change

	
-	
fective date, if other than the date of filing:	ional) er filing.) Pursuant to 605.026 iis date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (is filed.	b) The 90th day after the
ted	
Signature of a member or authorized representative of a member	
Efrain Alsina Typed or printed name of signee	

Filing Fee: \$25.00